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IMPLEMENTATION OF ROLES AND RESPONSIBILITIES OF SPEECH-LANGUAGE
PATHOLOGISTS WORKING IN SCHOOLS

by

TAMAR NIR

B.S. University of Central Florida, 2016

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Arts
in the Department of Communication Sciences and Disorders
in the College of Health and Professions and Sciences
at the University of Central Florida
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ABSTRACT

The purpose of this study was to determine how the roles and responsibilities of speech-language pathologists (SLPs) in schools are being implemented, whether speech-language pathologists in schools feel comfortable with their roles, and whether they are willing to engage in professional learning activities to hone knowledge and skills in role areas in order to inform pre-service and in-service learning. This study utilized an online survey to collect responses. The survey included questions related to the rate of implementation, comfort level, and desire for further professional learning with regards to the roles and responsibilities prescribed by American Speech-Language Hearing Association (ASHA) for the SLP in the school. Additionally, this survey examined whether SLPs in schools felt that their scope of practice has shifted focus from traditional speech-sound disorders to one of language/literacy disorders, whether they received adequate support from the schools and/or districts, and whether their university programs prepared them for clinical practice. A total of 609 SLPs participated in this study, with 98% being female. Most participants were between the ages of 45-64 years (45%).

The results of this study indicated that with regards to rate of implementation and comfort level, participant responses varied depending on the role and responsibility. Sixty-one percent of participants were confident with critical roles, or roles/responsibilities that are typically considered cornerstones of the practice of speech-language pathology. Participants tended to be less confident with roles related to collaboration and leadership.

With regards to the additional questions addressed by this study, over 50% of participants agreed that their career has shifted in focus from traditional speech-sound disorders to one of language/literacy disorders, and that they received adequate support from their school and/or district. Participants also tended to agree that their university program prepared them well for

clinical practice and that they desired more professional learning for the delineated roles/responsibilities that they did not feel confident implementing.

The implications of this study are that despite overall ratings of frequent implementation and comfort with certain roles/responsibilities, there are still areas that SLPs require further education in order to hone their skills within the context of the expanding landscape of speech-language pathology. An in-depth summary of the data, limitations of the study, and suggestions for future research are discussed.

Dedicated to my family

Rafi, Orna, Efrat, Juan Carlos, Sivan, and my sweet Gali

Thank you for everything.

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CHAPTER ONE: STATEMENT OF THE PROBLEM

The roles of speech-language pathologists (SLPs) in schools have undergone many changes since the scope of their practice has expanded to reflect cultural, social, and political climates that were evident since the early 2000s (Whitmire, 2002). Many of these new roles focus on areas not previously considered to be the SLP's responsibility in schools, including literacy intervention, curriculum support, and Response to Intervention/Multi-Tiered System of Supports (RTI/MTSS; ASHA, 2010). The reauthorization of the Individuals with Disabilities Education Act (IDEA) has also affected the SLPs' roles in schools, as it was restructured to include more comprehensive ways of identifying students with disabilities and providing them free and appropriate public education (Individuals with Disabilities Education Act, 2004).

The current literature concerning SLPs in schools lacks a focus on the perceptions of their abilities regarding their current roles and responsibilities. Troia (2005) explained that due to the restructuring of these responsibilities to include previously underrepresented populations and educational foci, SLPs in schools are required to acquire new knowledge, skills, and competencies that more accurately reflect their current roles. However, various issues can arise with the need to obtain new skills. In some cases, many of these new roles can cause confusion and discontent for the SLPs who are not clear as to what their boundaries are in differing settings. For example, SLPs in schools may be unclear about their role or responsibility with regards to inclusive services, or collaboration with teachers to provide curriculum-based therapy in the classroom (Ehren, 2000). To ensure that SLPs in schools can anticipate problems, meet challenges, and respond to questions within their current framework, research is needed to inform the process of implementing their roles and responsibilities comfortably and confidently.

Purpose of the Study

The primary purposes of this study were to determine how the roles and responsibilities of speech-language pathologists in schools are being implemented, whether SLPs in schools feel comfortable with roles, and whether they are willing to engage in professional learning activities to hone knowledge and skills in role areas. These roles and responsibilities are defined by the American Speech-Hearing Association (ASHA), which promulgated their professional issues statement on the Roles and Responsibilities of Speech-Language Pathologists in Schools in order to provide more operational and explicit criteria to define the SLPs' purposes, functions, and capacities in the school system, specifically with regards to their critical roles, range of responsibilities, collaboration, and leadership (ASHA, 2010). This document highlights the need to provide SLPs specificity pertaining to their roles and responsibilities with regards to their positions in preschool, elementary and secondary schools (ASHA, 2010). Prior to this statement, the roles and responsibilities of SLPs were not so clearly defined within the current, larger scope of practice in the field of speech-language pathology (Whitmire, 2002).

Primary Aims

The first primary aim of this study was to contribute to the research regarding the comfort level of SLPs in relation to the frequency of the implementation of their roles and responsibilities in schools as they are delineated by ASHA. To contribute to the literature, the current study utilized a survey to determine if and how often SLPs in schools implement their roles and responsibilities in their current educational setting in light of their comfort levels. This study examined the different categories of responsibilities for the SLP in schools, including critical roles, range of responsibilities, collaboration, and leadership (ASHA, 2010). Each of these categories included more descriptive and specific explanations of the varying abilities expected

of the SLP in schools. Examples of these include serving a range of disorders, highlighting language/literacy, understanding prevention, assessment, and intervention protocols, collaborating with various members of the community, and acting as leaders in the field.

Historically research has shown that perceived comfort can have a significant positive impact on job satisfaction and performance (Ostroff, 1992). However, the current literature regarding perceived comfort focuses on different providers of intervention such as nurses and teachers. A study by Burgel et al. (2014) found that occupational nurses with increased comfort levels with regards to their roles tended to implement a wider variety of healthcare techniques with their patients. Another study by Collie, Shapka, and Perry (2012) examined this same relationship with teachers and concluded that higher comfort levels had the most powerful impact on whether teachers implemented their roles. However, the literature lacks information about how SLPs perceive their own comfort level regarding their scope of practice. Therefore, this study aimed to provide information about how the current cohort of SLPs in schools view their comfort level in implementing their roles and responsibilities.

The second primary aim of this study was to determine whether SLPs in schools desire more professional learning experiences to assist with implementing their roles and responsibilities. Professional learning is integral to the successful implementation of SLPs' roles as they refine their abilities in evidence-based intervention, progress monitoring, and assessment procedures (Ehren, Montgomery, Rudebusch, Whitmire, 2006). Additionally, Ehren, Montgomery, Rudebusch, and Whitmire (2006) explored the relationship between levels of confidence and desire to improve the skills delineated by ASHA. It is intended that results from this aim provide a rationale for further development of professional learning experiences in relation to the skills required by SLPs in schools.

Secondary Aims

This study also included secondary aims that provide further factors that may potentially influence the context of the implementation of the roles and responsibilities of SLPs in schools. These factors include whether SLPs feel as though the focus of their career has shifted (i.e., whether the general therapeutic focus has changed to one of language/literacy disorders over speech-sound disorders), whether they receive adequate support from their school and/or district, and whether they feel as though their university program prepared them for practice in the schools.

Firstly, it is currently unclear whether SLPs in the schools feel as though their scope of practice has changed from a focus on traditional speech sound disorders to a focus on language and literacy. On a holistic level, Whitmire (2002) noted that the scope of the SLP in schools has changed to a focus on collaboration and academically relevant treatment, ensuring that the SLP follows current legislative guidelines and best research practices. With the implementation of the Common Core State Standards (CCSS), the role of the SLP to contribute skilled intervention with regards to literacy became more critical. Zygouris-Coe and Goodwiler (2013) stated that the role of the SLP includes a specific focus on the academic demands placed upon the student with regards to their language and literacy in the context of CCSS. Thus, the SLPs' role is to use their skilled knowledge to assist their colleagues in supporting their students' success with literacy (Zygouris-Coe and Goodwiler, 2013). Therefore, this secondary aim hopes to contribute to the literature by providing empirical data as to whether SLPs acknowledged this shift in focus.

Additionally, support from schools and/or districts was a focus of another secondary aim, as SLPs do not work in isolation, especially in the educational setting. SLPs require resources, collaboration, assistance, and conditions for advocacy in order to perform their roles and

responsibilities in an efficient manner. One study by Schetz and Billingsley (1992) examined this relationship and discussed the implications for how support or non-support can mediate an SLP's performance. However, there is a lack of information in the literature about this topic. Therefore, this study aimed to provide additional information about the supportive, or non-supportive, relationships between SLPs and their school or district staff.

Lastly, the efficacy of university programs was targeted as a secondary aim because of the requirements placed upon SLPs across the nation. The literature does not contain significant information about whether SLPs, particularly in schools, feel as though their university program prepared them well for their clinical practice. The limited research available specific to speech-language pathology discusses graduate preparedness in the context of dysphagia, or swallowing disorders (Singh et al., 2015). However, dysphagia therapy is an infrequent, if not seldomly provided intervention in the schools despite SLPs requiring preparation on this clinical service. Therefore, this study hopes to contribute meaningful information about how the current national graduate academic programs in speech-language pathology or communication disorders are preparing their students from the perceptions of the current cohort of practicing SLPs in schools.

Assumptions

1. SLPs in schools have an adequate or functional understanding of the roles and responsibilities as outlined by ASHA.
2. SLPs in schools are implementing at least some of the roles and responsibilities as outlined by ASHA.
3. The participants in this study provided honest answers to the experimental questions.
4. Participants in the study who fulfilled a role infrequently but were comfortable doing so did not answer that item since that choice was not available.

Research Questions

1. How frequently do current SLPs working in public, private, or charter school settings implement their roles and responsibilities (as outlined by ASHA) in relation to comfort level?
2. Do SLPs agree that their roles in schools have shifted from a traditional speech-sound disorders focus to one of language/literacy disorders?
3. Do SLPs agree that they receive appropriate support from their school system and district?
4. Do SLPs agree that their university program prepared them well for implementing these roles and responsibilities?
5. Do SLPs in schools desire professional learning experiences to improve their abilities to implement their roles and responsibilities?

Significance of the Study

Due to the absence of available research that directly addresses the current perceptions of SLPs in schools regarding their roles and responsibilities, this study aimed to add practical information to inform both pre-service (i.e., graduate programs) and in-service (i.e., current SLPs) educational opportunities about the current rate of implementation, perceptions of comfort, and desire for more professional learning programs regarding the roles and responsibilities of SLPs in schools. Additionally, this study aimed to promote a more comprehensive understanding of these roles and responsibilities to encourage SLPs to reflect upon their own abilities to provide efficient and effective service and highlight their potential need for further education through professional learning and/or further support from ASHA. Ultimately, the significance of this study was to collect relevant information to use as rationale for the development and provision of additional information, resources, and assistance to SLPs in schools to improve their performance as skilled practitioners.

Limitations

1. The researcher did not select participants for this study and did not have control over how or when participants responded to the questions. Therefore, results of this study were potentially affected by participant biases such as sample, maturation, attrition and other threats to internal validity.
2. The participants were residents of varying locations throughout the United States and may not be representative of SLPs in schools in other geographical areas. Therefore, the researcher may be unable to generalize results to other broader populations.
3. Other variables, such as length of employment, caseload size, mentoring, etc., may influence a participant's response.
4. Due to the nature of the experimental method, the survey used to collect information in this study may not reflect all relevant aspects of the roles and responsibilities of SLPs in schools and their desires to obtain more professional learning to improve their skillset.
5. The operationally defined scale used to collect responses in this survey may not reflect all nuances or possibilities regarding frequency of implementation and comfort level.

CHAPTER TWO: LITERATURE REVIEW

This chapter will review the professional issues statement and available literature related to the roles and responsibilities of speech-language pathologists (SLPs) in schools. This will include description of the roles and responsibilities as outlined by ASHA (2010), the importance of implementing these in the school setting, and the history and rationale for the creation of the document. Although there is no research available regarding the perceptions of SLPs in schools about their appropriate roles and responsibilities, this review will synthesize the available information that pertains to the rationales for why these roles and responsibilities are important for the SLP in schools to implement. In addition, this chapter will also address other relevant areas that have been investigated regarding SLPs in schools, such as professional learning experiences. For SLPs to remain informed and hone their skills, they are required to participate in professional learning experiences. Professional learning is also a necessary aspect of maintaining licensure for SLPs. Therefore, determining how SLPs feel with regards to their scope of practice can inform the need for further professional learning opportunities that are relevant. Overall, this chapter will summarize the relevant research that supports the need for comprehensive evaluation and discussion regarding the roles and responsibilities of SLPs in schools.

Professional Issues Statement

The American Speech-Language Hearing Association (ASHA) is the national professional association for SLPs, which provides the certifications, resources, and continuing education courses necessary to ensure that its members remain efficient and effective practitioners. Documents relating to the roles and responsibilities of SLPs in various settings or

with various populations have been published. Some of these include early intervention, working with written language disorders, childhood apraxia, speech sound disorders, and intellectual disabilities. These documents assist in defining the expectations of SLPs working with these particular individuals or in these settings, and the requirements for ensuring adequate service delivery.

In 2010, ASHA published the Position Statement and Professional Issues Statement on the Roles and Responsibilities of Speech-Language Pathologists (SLP) in Schools (ASHA, 2010). The Position Statement was ASHA's new official policy statement concerning SLPs in schools (ASHA, 2010). This statement addressed the specific contributions SLPs in schools must provide to students, colleagues, service-delivery, and education as a whole (ASHA, 2010) The Professional Issues Statement served as a companion to the Position Statement and expanded on the information about the purposes, functions, and capacities of the SLP in the school system, specifically with regards to their critical roles, range of responsibilities, collaboration, and leadership. This document highlighted SLPs' tasks and duties pertaining to their position in preschools, elementary and secondary schools (ASHA, 2010).

Both of these documents replaced ASHA's Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist published in 2000. Prior to this Professional Issues Statement, the roles and responsibilities of SLPs were not clearly defined within the current, larger scope of practice in the field of speech-language pathology (Whitmire, 2002). As the scope of practice began to expand, the role of SLPs in the school system became broader, eschewing the accustomed responsibilities that focused on more traditional roles such as articulation, voice, and fluency disorders. The creation of these documents was necessary in order to reflect the educational, legislative, and professional changes that had occurred since the

precursor to the 2010 document was published ten years prior (ASHA, 2000). For example, the previous framework for SLPs in schools did not include specific information about targeting disorders of written language (Ehren & Ehren, 2001). This was a serious omission given research that found strong correlations between literacy skills and academic achievement (Newman & Dickinson, 2003; Stanovitch, 2009; Whitehurst & Lonigan, 1999). This notion was also not in line with the overarching philosophy regarding the SLP's scope of practice to prevent, assess, and treat disorders across all language modalities, including speaking, listening, reading, and writing (ASHA, 2016).

Roles and Responsibilities

The current professional issues statement frames the scope of the SLP in schools into four components: critical roles, range of responsibilities, collaboration, and leadership. These roles have as a major goal to support students' educational achievement (ASHA, 2010). With regards to critical roles, these are the components that ensure SLPs in schools have essential and supporting positions within the faculty and administrative system of their respective schools. These roles and responsibilities include working across all levels, serving a range of disorders, ensuring educational relevance, providing unique contributions to curriculum, highlighting language/literacy, and providing culturally competent services.

Critical Roles

The first critical role, Working Across All Levels, defines the SLP's ability to provide services to students in all grade levels. This component is especially important considering the notion that SLPs in middle, junior, and high schools are not utilized in the most advantageous manner, despite the critical needs of language/literacy intervention at the adolescent level (Brozo, 2009; Ehren, 2001). Historically, early intervention and elementary-aged students had

been the focus of speech-language pathology. Early intervention is defined as the services given to children between the ages of 0-3 who demonstrate risks for developmental delays or disorders (Shonkoff & Hauser-Cram, 1987). Early intervention programs are typically federally funded and include stringent inclusionary and exclusionary criteria based on national and local guidelines (ASHA, 2008). The role of early intervention is to provide speech-language services to children who are predicted to have issues with areas including early literacy and speech-sound development in academic and social contexts (Campbell, Chiarello, Wilcox, & Milbourne, 2009). However, research has shown that early impairments to speech and language affect the continued development of these skills and future academic success (Johnson et al., 1999; McClelland, Morrison, Holmes, 2000). Therefore, this role needed to expand to include school-aged children, particularly adolescents. In the literature, Ehren (2002) discussed the benefits of effectively utilized speech-language services at the high school level, highlighting their role within the curriculum and with teachers to better address the needs of adolescents. Additionally, research by Starling, Munro, Togher, and Arciuli (2012) found that classroom teachers trained by SLPs in oral and written language teaching aided in improving students' success in these areas. However, further research is needed to provide evidence for the integral role of SLPs in schools not only at the early intervention level, but at the adolescent level as well. Therefore, this first role requires that SLPs in schools feel comfortable providing skilled intervention for infants/toddlers, children, and adolescents to ensure their academic success.

The second role, *Serving a Range of Disorders*, outlines the SLP's scope of working with a wide range of communication disorders. As discussed, articulation, fluency, and voice disorders were often the focus on of the SLP's caseload. However, this Professional Issues Statement includes language disorders, which encompasses issues with literacy that directly

relate to issues with academic achievement (ASHA, 2010). Serving a range of disorders also includes aspects of providing services for students who are medically fragile, students with feeding and swallowing disorders, and other possible comorbid conditions with differing etiologies (ASHA, 2010).

The third role, Ensuring Educational Relevance, further explains that SLPs in schools must determine whether the communication disorder present in a student influences the student's academic or psychosocial achievement in schools. As reported by Young et al. (2002), young children with a language impairment (LI) will encounter more academic challenges than their similarly-aged peers with speech impairments. This study provides more evidence for the ongoing issues that children and adolescents with language/literacy issues can encounter throughout their academic career, and suggests "early, intensive" intervention for these children. Also in the literature, Power-deFur (2010) discussed how SLPs must be able to tailor and link their linguistic interventions to the academic expectations of the curriculum in order to prepare students for mastery. She goes on to explain that this match between intervention and curriculum standards must be made because of the mediating effect of oral language skills on reading/writing skills in the academic setting (Power-deFur, 2010).

The fourth role, Providing Unique Contributions to Curriculum, delineates the SLPs' requirement to utilize their expertise in language/literacy to contribute to classroom learning and the school curriculum. These unique contributions include highlighting the metacognitive and metalinguistic foundations students with disabilities, or students who struggle, need to learn in order to achieve school success (ASHA, 2010). However, the extent to which SLPs in schools can contribute to the classroom curriculum has been a role of contention. In a study by Ukrainetz and Fresquez (2003), they found that both teachers and SLPs in schools saw language instruction

as a paramount responsibility due to the pervasive nature of language across the curriculum. One method that SLPs can contribute to or promote language instruction is through classroom-based intervention. Classroom-based intervention is the provision of speech-language services in the students' classroom as opposed to removing them from the classroom setting (Beck & Dennis, 1997). Beck and Dennis (1997) reported that when SLPs in schools utilize classroom-based interventions they can become vital members of the educational team and can contribute to the language curriculum. However, Beck and Dennis (1997) did state that SLPs in schools are only able to access the language curriculum with greater support from the classroom teacher. Ehren, Montgomery, Rudebusch, and Whitmire (2006) noted that SLPs may not be effectively involved in classroom-based intervention, and that this uninvolvement could be due to issues of perception and lack of understanding of the SLP's role in the classroom.

A recent case study by Hatcher (2017) reported that classroom-based interventions from the SLP can prove to be efficient for student learning but rely on the classroom teacher to alter his or her classroom planning, structure, and curriculum. The author also found that both classroom teachers and SLPs reported similar perceptions when it comes to effectiveness of classroom-based interventions (Hatcher, 2017). One way in which SLPs can contribute to classroom-based interventions is through the Response to Intervention (RTI), or sometimes referred as the Multi-Tiered System of Supports (MTSS), a framework within which SLPs can contextualize their services in the classroom. This framework provides SLPs a context within which to utilize their expertise in language to provide intervention in a hierarchical manner, utilizing differing levels of intensity in the interventions provided for students who struggle (Ehren, Montgomery, Rudebusch, & Whitmire, 2006). Overall, despite the method in which it is

accomplished, SLPs must feel comfortable utilizing their expertise in language and learning to be collaborators and contributors to curriculum within their scope.

The fifth role, Highlighting Language/Literacy, is discussed because of the evidence supporting the notion that disorders in listening, speaking, reading, and writing contribute to issues with academic achievement (ASHA, 2010; Foster & Miller, 2007). Other research has shown that disorders of speech and language affect a child's academic achievement in a similar manner to how disadvantaged socioeconomic status would affect a child's educational access and success (Harrison, McLeod, Berthelsen, & Walker, 2009). These findings have strong implications for the role of the SLP in early identification and treatment of potential literacy-related speech and/or language issues in students. However, some authors have discussed the issue that many SLPs do not feel as though they have the foundation in literacy to ensure proper treatment of literacy-based disorders or they feel it is not their place to contribute such efforts in classroom intervention (Ehren & Ehren, 2001). This role is particularly important for SLPs to fulfill, as students face increasingly complex academic demands as they advance in the grades (Conley, 2008; Maxwell, 2013; Sisson, 2015). These increasingly complex academic demands require students to possess a variety of underlying reading and writing skills that promote higher-level thinking (e.g., synthesizing themes and critically evaluating material) (Biancarosa & Snow, 2006). Marzano (2004) discussed these high expectations of academic curriculums, especially for content-specific vocabulary which require a strong foundation in oral and written language skills to master. Additionally, although there are various frameworks, strategies, and instructional designs in place to promote higher-order literacy at all levels, the SLP must be able to determine the specific criteria necessary for children and adolescents to achieve academic literacy. This includes support for literature in English Language Arts and for domain specific

discourses in courses such as science, math, or social studies, as disciplinary literacy requires more specialized knowledge and abilities (Shanahan & Shanahan, 2012).

The final critical role, Providing Culturally Competent Services, details the SLP's ability to distinguish between differences, delays, and disorders in students of varying backgrounds. As schools become more diverse, students may display many more "differences", such as accent or dialectical differences, rather than true communication disorders (Adler, 1990). Research by Atkins (2009) has shown that SLPs do feel comfortable working with racially and culturally diverse students, but do not feel the same level of comfort with working with students who are linguistically diverse. This author also reported that SLPs in schools lack linguistically/culturally diverse formal assessments and do not feel confident when working with interpreters (Atkins, 2009). There are multiple facets related to this role, namely that SLPs need to seek out resources related to the various cultural backgrounds they may encounter and possess a working knowledge regarding second language acquisition (Westby, 2009). SLPs in schools often work alongside other related service-professionals in the intervention of English Learners (ELs). Knowledge of the theoretical and practical constructs related to how ELs acquire their second language and begin to utilize it in educational settings is an integral component to providing appropriate intervention for these students (Rosa-Lugo & Fradd, 2000; Westby, 2009). Otherwise, the SLP runs the risk of providing ineffective advice, consultation, or treatment to these students. This role is discussed further in the context of the educational reform that led to the update of the 2010 professional document, and this upcoming section delves deeper into the issues that underpin the importance of SLPs feeling comfortable working with diverse students.

Range of Responsibilities

Alongside these five critical roles, SLPs in schools should also understand the range of their responsibilities. These include their ability to understand prevention approaches, assessment procedures, appropriate intervention, program design, data collection/analysis, and compliance procedures. These are the expected roles and responsibilities of SLPs in the school system to ensure that their students are able to meet the local and federal expectations in their school district (ASHA, 2010).

Prevention is considered one of the central responsibilities of the SLP (Flynn, 1983). The methods in which SLPs engage in prevention may vary, but one framework of significance is RTI/MTSS. In the literature, RTI/MTSS is discussed as a “promising framework” for identifying students who are at risk for a myriad of learning disabilities that may impact success (West, 2011). RTI/MTSS is considered “prevention-oriented”, as it utilizes evidence-based interventions based on predictors of academic difficulties to inhibit students from negative academic consequences in the various tier levels (Mellard, 2017). Additionally, for SLPs, the RTI/MTSS framework can provide them with the ability to incorporate curriculum-based practice in their service or to define new roles for their involvement for this newly defined service delivery framework (Staskowski & Rivera, 2005). Through RTI/MTSS, SLPs contribute their expertise in language and literacy through collaboration with the other members of the RTI team (e.g., the classroom teacher) to improve design and implementation of intervention (Ehren et al., 2006). Alongside these contributions, the SLP is responsible for providing evidence-based support to the Tier III level of RTI/MTSS, which typically includes individualized or small-group intervention and relies on treating deficits in the underlying skills of language processing and production (Ukrainetz, 2006). Within this context of RTI/MTSS and curriculum

involvement, the complex relationship between the SLP and the classroom instructor is not explicitly discussed. It is to be noted, however, that RTI/MTSS is not the only framework within which to conceptualize classroom-based interventions; it is within the scope of the SLP to determine how best to address the needs of the students without the specifics of a structured framework. Furthermore, SLPs must be aware of the features of RTI/MTSS in order to effectively use this framework as a way to work with others in identifying students with learning disabilities and eventually be able to use the information collected to address areas for assessment and intervention (Fuchs and Fuchs, 2006).

With regards to assessment, the SLP can collect and interpret information in a variety of ways. Although standardized tests are typically used to assess a student's deficits and provide justification for services, they may not provide adequate information with regards to how a student would realistically approach or handle tasks (Dockrell, 2001). Therefore, the method of dynamic assessment is also used to determine a student's abilities. Dynamic assessment allows the SLP to expand beyond the limitations of standardized tests and collect information that is more reflective of a student's capabilities and better informs intervention (Hasson and Joffe, 2007). Additionally, dynamic assessment allows SLPs to determine more accurately a student's potential for learning, as it allows for modifiability in real-time (Tzuriel, 2000). Additionally, dynamic assessment can be used by SLPs to assess continuously their student's performance, that is to monitor their progress. Progress monitoring can be used to document the improvements a student makes across various levels (e.g., RTI tiers) and inform instruction/intervention (Stockall, Dennis, and Reutuer, 2014). Overall, assessment can be conducted in a variety of methods, and it is within the scope of the SLP's practice to determine how best to assess and, address, a student's needs for intervention and progress toward outcomes.

Once the SLP has collected assessment information about a student, she or he must determine the path for intervention. The basis of intervention depends on a variety of factors. In the school setting, this may depend on the student, teacher, administration, or frameworks in place for determining relevant areas and/or justification for intervention. For example, various standards for academic success such as the CCSS outline the necessary content-area skills that each student must achieve at every grade level (National Governors Association Center for Best Practices, Council of Chief State School Officers, 2010). Additionally, the effective use of evidence-based practice (EBP) is considered essential to intervention, as SLPs are supposed to use EBP to guide treatment (Ratner, 2008). This is done to ensure that SLPs are ensuring a high-standard of care and to bridge knowledge of research and clinical practice (Ratner, 2008).

Besides the guiding principles of intervention, the service-delivery, or manner in which intervention is delivered can also vary. Service-delivery can range from pull-out to in-classroom, both of which can include individual or small-group therapy. Furthermore, school-based telehealth, a live interactive videoconferencing intervention, has been utilized for students as well (Grogan-Johnson et al., 2011). Through the use of best clinical practice (i.e., EBP) and efficient service-delivery, the goals and tactics of intervention can vary between students but is it within the scope of the SLP in the school to understand and manipulate these variables to determine the best method of addressing a student's needs.

Additionally, discussed under the range of responsibilities is data collection. In the literature, data collection is discussed as an area needing improvement for SLP. Research in the late nineties has reported that classroom teachers are much more confident in their data collection than the SLP in schools (Beck & Dennis, 1997). However, current research is scant

on determining the current self-perceptions of SLPs in schools with regards to these responsibilities.

Lastly, compliance is discussed as the responsibility for SLPs in schools to meet federal, state, and local mandates with regards to implementing their duties, including participating in the development of Individualized Education Programs (IEPs) for their students and Medicaid billing (ASHA, 2010). IEPs provide measurable goals and objectives that direct a student's educational program to ensure that they receive an appropriate education (Dragow, Yell, and Robinson, 2001). Medicaid is a program established by the federal government to provide financial assistance to low-income Americans and can be used to provide speech-language therapy services in the schools (Annett, 2002). However, Annett (2002) discussed how Medicaid policies vary over the 50 states and can overwhelm an SLP in the school with the eligibility criteria, paperwork, and reimbursement policies. However, it is within the scope of the SLP to determine whether a student falls under the criteria for support from Medicaid and the SLP must be familiar with billing procedures for students who receive these resources along each step of service.

Collaboration

The third category addressed in the Professional Issues Statement includes components of collaboration. These venues of collaboration include students, parents, other school professionals (e.g., teachers), universities, and the community. Collaboration with these differing parties is an integral aspect to the field speech-language pathology. The work of an SLP does not occur in a vacuum, and this is especially true of those SLPs who work in schools. McCartney (1999) discussed that collaboration between teachers and SLPs encounter many barriers. These barriers typically involve differing teaching/learning methodologies and professional collaboration

models, issues with socializing/communicating, and structural problems such as timing and location of service delivery, management, and curriculum (McCartney, 1999). Therefore, these barriers may present many issues for teachers and SLPs in schools with regards to any joint efforts in or out of the classroom.

With regards to collaboration, there are many differing perspectives about the process and implementation of collaboration. For example, ASHA adopted definitions from the World Health Organization for interprofessional education and interprofessional practice (IPE/IPP) as facets of interprofessional collaborative practice (ASHA, 2014). ASHA defines IPE as “an activity that occurs when two or more professions learn about, from, and with each other to ... improve outcomes for individuals and families” and IPP as an activity that occurs “when multiple service providers from different professional backgrounds provide comprehensive ... educational services” (ASHA, 2014). Both of these definitions serve as bases for interprofessional collaboration for SLPs and professionals from other backgrounds. For the purposes of this study, collaboration will focus on the joint efforts of SLPs in schools with classroom teachers, students, and their families. Although the complex nature of collaboration between SLPs and other professionals is outside the scope of this study, the component of collaboration as outlined by ASHA is included to determine whether SLPs perceive issues with collaboration in their schools, and if they do, to what extent.

Leadership

The last category addressed by the Professional Issues Statement is leadership. Leadership is defined as the SLPs’ ability to define “their roles and responsibilities... [and] [ensure] delivery of appropriate services to students” (ASHA, 2010). These roles include advocacy, supervision and mentorship, professional learning, parent training, and research. To

ensure that the field continues to expand and contributes to the knowledge of communication disorders, SLPs at all levels must implement these leadership roles. According to ASHA (2016), professional learning can occur in various contexts such as SLPs serving as professors at the college level or through the provision of academic instruction to students or other SLPs. This includes the development of and provision of continuing education to professionals on topics of expertise (ASHA, 2016). In the literature, Reilly (2004) discussed the importance of continuing education for SLPs as a means to acquire information to further obtain the latest clinical evidence, but that these learning experiences require further development in order to ensure that they reflect actual evidence-based principles that enable current clinicians to responsibly develop, enforce, and provide best clinical practice. However, little research is available with regards to how SLPs conduct professional learning, especially with regards to educating fellow SLPs and other professionals on the importance of the roles and responsibilities of SLPs in schools and other relevant topics such as the language basis of learning.

Driving Forces of the Professional Issues Statement: Educational Reform

During the creation of the 2010 document, several educational reforms were discussed regarding the academic achievement gaps accentuated by the rapidly shifting landscape of the general school population and the needs for educators to promote literacy development to ensure the success of their students in postsecondary education (ASHA, 2010). The most notable change had been the recent reported influxes of students from culturally and linguistically diverse (CLD) backgrounds that require more focused and relevant instruction and intervention (Chamberlain, 2005). Due to these changes, the role of the SLP requires that they expand their knowledge and skills about how to better serve CLD students (Guiberson & Atkins, 2010). Another important aspect regarding CLD students is that they can be part of the SLP's caseload if they present with

language/literacy disabilities (Roseberry-McKibbin, Brice, & O'Hanlon, 2005). Therefore, the addition of certain roles and responsibilities in ASHA's 2010 document highlight the necessity for SLPs to be culturally competent and provide meaningful, relevant services to their CLD students, and be able to distinguish between a student who presents with a language difference vs. language disorder.

Other reforms that were introduced prior to this document continue to serve as the fundamental mandates that influence policy. Examples of these include IDEA Act of 2004 and the Elementary and Secondary Education Act as the No Child Left Behind Act of 2001 (NCLB). IDEA provides federal educational legislation that includes the rights of students with disabilities including, but not limited to participation in general education classrooms, nondiscriminatory and multidisciplinary evaluations, early intervention, identification and support to ELs, use of aids, and guidance/preparation for life after school (IDEA, 2004). Although no longer existing in the form of NCLB, the version of the Elementary and Secondary Education Act called Every Student Succeeds Act (ESSA, 2015) supports the rights of students in several ways, namely increasing the accountability of schools, states, and districts, allowing for greater participation of parents, guardians, and students, greater flexibility for schools to use federal dollars, and more emphasis on using evidence-based practices (NCLB, 2001; ESSA, 2015).

Research has also shifted toward a new ideology regarding the future of students and their positions in the workplace. Even though more careers are requiring employees to hold degrees from postsecondary institutions, reports have shown that high school students do not possess the necessary skillsets to enter college (Bangser, 2008). For example, research has discussed how more than two-thirds of 8th and 12th grade students read below their appropriate grade level (Rampey, Dion, & Donahue, 2009). Additionally, the National Center for Education

Statistics (NCES) reports that “72 percent of 12th-grade students performed at or above [a basic level] in reading” (McFarland, et al., 2018). The interdependence of education and employment emphasizes the significance for schools to examine the efficacy of their curricula, and in turn, the way their professionals fulfill their respective roles. With regards to SLPs in schools, these findings and reforms provide justification for their given services and must provide context when implementing the roles and responsibilities defined by ASHA.

Driving Forces of the Professional Issues Statement: State Standards

Although created after the Professional Issues Statement (2010), the CCSS is discussed as a driving force for the continued relevancy and importance of ASHA’s Professional Issues Statement as the document was meant to revamp the roles and responsibilities of the SLP in school to capture all relevant academic needs of students. The CCSS increased the levels of expectations for students across all grade levels in the areas of reading and math to support future employment (National Governors Association, 2010). They are defined student outcomes and do not describe the curriculums used in the classroom (National Governors Association, 2010). These changes resulted in increased expectations in various areas, including language and literacy. Stastowski (2012) discussed how SLPs in schools possess many skills to necessary to assume roles in prevention and intervention of literacy skills across English Language Arts (ELA) and more complex disciplinary literacy (e.g., science and social studies). Therefore, the adoption of CCSS or other similar curriculum standards by states created a higher demand for SLPs in schools to increase and implement their knowledge about language and literacy across varying contexts and promote their value in remediating these issues in children and adolescents (Staskowski, 2012).

The CCSS initiative also contained supporting documents discussing the Universal Design for Learning (UDL) framework as a means for assisting all students, including those with disabilities, in meeting the new expectations (Staskowski, Hardin, Klein, & Wozniak, 2012). Staskowski et al. (2012) discussed how the UDL framework provided educators and SLPs a chance to come together when planning curricula, and a means for these professionals to use their expertise to benefit students with and without disabilities. Therefore, the CCSS provides rationale for SLPs to use these new academic expectations as a guideline for their practice and collaboration in schools in order to ensure the social, academic, and future vocational success of their students.

Support from Schools

Alongside the utilization of state standards as a context for identifying and providing intervention, SLPs are also required to utilize other resources provided by their school to be efficient practitioners. Currently, there is a lack of extensive research investigating the degree to which SLPs in schools feel that they receive support from their principals, or overall school district/administration in their service delivery. In one study, Schetz and Billingsley (1992) investigated how SLPs in schools perceive the support they receive from their administration. The authors found that the perceived support from administration can be separated into various domains, and those that SLPs felt were lacking included adequate time, advocacy for the skilled service SLPs provide, implementing program activities, and facilitation of staff development (Schetz and Billingsley, 1992). These domains all fall under the prescribed roles and responsibilities of the SLP in the schools, and therefore are important factors in the consideration of whether the SLP might not feel comfortable fulfilling their roles or responsibilities because they do not feel as though they receive the adequate support from school administrators.

This issue can also be discussed with a parallel context in mind, primarily considering the perspective of teachers with regards to receiving adequate administrative support. Tickle, Chang, and Kim (2010) found that the experience of teachers, their satisfaction, and their desire to stay in their position were mediated by the amount of support they believed to receive from their administration. Although not directly examining the perceptions of SLPs, these results can be cautiously predicted to be similar with support service-professionals due to the similarity of environment. So, while research has shown that support from school administration can impact job satisfaction and/or retention, the literature does not currently explain the myriad ways in which this support can affect self-perceived competency of SLPs and their desire to improve on current skills.

University Programs

Prior to SLPs entering their professional careers, they develop their skills through university programs that provide appropriate coursework and various clinical opportunities that may include educational and medical settings. However, the current research is scant on whether SLPs feel that their university program prepares them well for their preferred setting. The available research by Means (2006) found that when a university program included more extensive coursework related to educational settings, the neophyte SLPs felt more adequately prepared for placement in that setting compared to working in a medical setting. Means (2009) also found that over 90% of university programs offer educationally-based internship settings for their SLP students, but only 64% of these programs offer courses specifically related to educational speech-language pathology and relevant topics, potentially indicating that SLP students are not appropriately prepared with all the tools necessary to succeed in this setting.

Therefore, a potential gap between education and implementation may exist for SLP students even prior to beginning their careers.

Other researchers have investigated the effects of university preparedness with educators. Reynolds, Ross, and Rakow (2002) compared professional preparation between students from professional development schools (PDS) and those who did not graduate from PDS; their results indicated that graduates from PDS were perceived as more effective and were more satisfied with their level of preparation. However, in a study by Lyon, Vaassen, and Toomey (1989) a discrepancy was discovered between the teachers' perceptions of their graduate programs and their actual skillset. Their results summarized that although the participants stated that they received high grades in their university program, their actual teaching experiences did not match their expectations for the content or context of what they had learned in school (Lyon, Vaaseen, and Toomey, 1989).

Based on the findings discussed, the current information available regarding the extent to which university \ prepare their students to be interventionists in the educational vs. medical setting is lacking. It is unclear as to whether problem-based or clinically-based graduate programs prepare their students in an adequate manner for their professional careers. However, in 2012, Davis, Higdon, Resta, and Latiolais researched the benefits of implementing a school/university partnership that mentored and educated prospective teachers at the graduate level. They discussed the implications of such a program, including the gain of additional teaching resources, collaboration, support, and participation in development experiences, all of which are meant to improve the needs of beginning teachers in their future practice (Davis, Higdon, and Resta, 2012). Although in the context of teacher education, these findings provide insight into how current programs are attempting to create more meaningful experiences for

future academic professionals. Further research is needed to investigate if SLPs share similar experiences and/or opinions as teachers with regards to their perception of their university programs and how this impacts their feelings of comfortability implementing their professional roles.

Professional Learning

Another relevant issue related to the SLP in schools is the means in which they acquire continued skills in the field of speech-language pathology. Professional learning allows for SLPs of all specialties to enhance their knowledge base through experiences developed by other SLPs, audiologists, and other relevant practitioners. According to Ehren et al. (2006) in the context of academia, professional learning experiences serve to educate SLPs on evidence-based practices, methods for progress monitoring, assessment procedures, and other issues related to practice. Professional learning experiences, or Continuing Education Units (CEU), are required for practicing SLPs to maintain their certification, obtain a specialty certification, and/or to renew state licensure.

There is limited research available regarding the SLPs' desire to obtain more CEUs related to their field. However, one study of note examined SLPs' perceived competence in providing Augmentative and Alternative Communication (AAC) services to students in Nebraska. AAC was not always considered a significant area of both clinical and research importance in the field of speech-language pathology, and in 2005 ASHA updated its definition of AAC to incorporate its use to a larger population with more varying degrees of disorders and disabilities (Fossett & Mirenda, 2007). The study by Simpson, Beukelman, and Bird (2009) reported that SLPs who had more experiences with AAC service provision reported higher competencies in providing AAC-related services compared to those who did not. They also

reported that as a whole, SLPs do not feel comfortable providing AAC-related treatment and used this information to justify the creation of more comprehensive AAC CEUs (Simpson et al., 2009). However, the authors warn that the results of these self-competencies may be bidirectional, and do not clearly indicate whether SLPs with higher self-competencies in AAC feel as such because they have more experiences with this area or because they specifically seek out these types of opportunities (Simpson et al., 2009).

Murza and Ehren (2015) also discussed the importance of professional learning experiences for SLPs, and the need for SLPs in schools to advocate for better, or higher-quality, experiences. In this article, the need for data-based decision making was highlighted as an essential component in creating professional learning experiences for SLPs (Murza & Ehren, 2015). This creation of data-driven professional learning experiences relies on the use of specific definitions, criteria, and outcomes (Murza & Ehren, 2015). Therefore, it is necessary for SLPs in schools, and creators of professional learning experiences, to be knowledgeable about their roles and responsibilities in order to advocate for relevant and specific experiences that will directly improve their ability to provide services to students.

Overall, due to gaps in the literature related to professional learning for the SLP in schools, it is important to expand on the information available regarding this topic. As spheres of specialty, like AAC, continue to expand in scope, it would be necessary for the SLP to be up-to-date on the assessment and intervention procedures related to these key areas. The most efficient manner in accomplishing this task would be to create more relevant professional learning experiences that the SLP in schools would be motivated to attend in order to fill those potential gaps in their competencies.

ASHA's School Survey

A relevant piece of information currently available regarding SLPs in schools and their current satisfaction with their profession is ASHA's Schools Survey; it provides information regarding the current perceptions of SLPs about factors involving employment, setting, and more. This survey does not explicitly examine the SLPs' perception of their own competencies but does include pertinent information regarding their perception of ASHA as a whole, their own respective employment and earnings, caseload/workload, ethics, interprofessional collaboration, data, and demographics (ASHA, 2016). The information included regarding these topics is extensive and comprehensive; however, to support the purpose of this study and provide relevant background for certain areas of discussion, only select results will be included as additions to the provided literature. For example, SLPs in all educational settings report that they feel ASHA provides a good amount of service to its members (ASHA, 2016). These results imply that most SLPs in schools feel confident in ASHA as an association to provide them appropriate information regarding their profession (e.g., professional issues statement about roles and responsibilities for SLPs in schools). Other relevant results from this survey revealed that 27% of SLPs in schools do not participate in RTI/MTSS services, only 8% of SLPs felt "very qualified" to address CLD influences on their services, and 35% of SLPs engage in interprofessional collaboration less than one time per month (ASHA, 2016). What the survey lacks is information regarding the reasons why, or perceptions of, the SLPs as to why they do not appear to be confident about engaging in frequent collaborative practice (such as in RTI/MTSS) and in providing culturally-competent services. Perhaps the most elucidating statistic from this survey relates to the ethical challenges SLPs in schools face. About 25% of SLPs in all school settings reported "adhering to administrative and regulatory mandates" as a significant ethical challenge

(ASHA, 2016). Although this statistic relates directly to upholding federal, state, and district mandates, SLPs are also required to fulfill ASHA's Code of Ethics in order to maintain their practice credentials (ASHA, 2016). ASHA's Code of Ethics ensures that SLPs ensure the welfare of their patients and/or clients and maintain the integrity of the profession (ASHA, 2016). Therefore, this finding is relevant for the purposes of this study, as it provides support for investigating the self-perceptions of SLPs in schools with regards to their roles and responsibilities.

Summary

The overarching purpose of this study was to explore the implementation of defined roles and responsibilities of SLPs in schools. Despite an extensive background justifying the creation of the document, and explanations of each specific role and responsibility, research on the self-perceptions of SLPs in schools is lacking in general. What is available does not provide much information on how these professionals judge themselves on the ability to provide adequate services in relation to their delineated roles and responsibilities. Therefore, this study aimed to contribute to the literature by providing evaluative information regarding how SLPs in schools implement these roles and responsibilities. This includes specifically examining how often SLPs in schools implement their roles and responsibilities in relation to how comfortable they are in doing so, and whether they desire additional professional learning experiences to hone their skills in their current setting.

Additionally, this study aimed to provide information about whether SLPs feel that the field of speech-language pathology has shifted from a speech-sound disorder focus to a language/literacy focus, whether they believe they receive appropriate support from their school or district, and whether they believe their university program prepared them well for their current

setting. Although considered secondary aims of this study, these questions provided supplementary information related to how SLPs in schools feel about the experience they received during their pre-service preparation, how supported they feel in their current setting, and whether they require additional support to adapt to the perceived change in focus of their scope of practice.

CHAPTER THREE: METHODOLOGY

This chapter will outline the research design and instrumentation for this study. This explanation of methodology includes the population and sampling, setting, and data analysis procedures.

Description of the Survey

A descriptive research design was utilized for this study. The aim of descriptive research is to gain information regarding a situation or phenomena that is associated with a certain demographic, event, experience, or other parameters (Kelley, Clark, Brown, & Sitzia, 2003). In the case of this study, the researcher aimed to obtain information regarding the current perceptions of SLPs in schools on their roles and responsibilities as articulated by their professional association, ASHA. There are both advantages and disadvantages to descriptive studies. Descriptive studies can provide researchers with a large amount of data that is easy to analyze and interpret and can add empirical data to a phenomenon that can be generalized to a certain population (Kelley et al., 2003). However, descriptive studies may not provide adequate information regarding the topic being researched and may lack experimental control due to various extenuating circumstances (Grimes & Schulz, 2002). For the purposes of this study, a descriptive research design was used to obtain a breadth of information so that data could be collected and analyzed in a timely manner. A descriptive research design was also chosen for this study to ensure that the information collected can represent and generalize to a wider range of SLPs in schools from various geographical locations.

A survey was utilized as the instrument for collecting data. Surveys provide researchers with a myriad of opportunities to collect data in a productive manner. The nature of online survey research allows access to unique populations at a free or reduced-cost that is time-

efficient (Wright, 2017). In certain studies, these benefits can outweigh the disadvantages of survey research, which include sampling problems and issues of access.

Prior to initiation of research involving human subjects, the Institutional Review Board (IRB) at the university must grant the researcher permission to conduct a study. This study was considered exempt by the university IRB as it was an anonymous survey and did not require IRB review or registration. Participants were provided with an explanation of the research in the form of an informed consent prior to the start of the survey (Appendix B).

The survey included six separate blocks and a total of 105 questions (see Appendix A). The survey was constructed to require an average of 15 minutes for participants to complete. This was done to attempt to minimize participant attrition. The survey began with a demographic portion, which required the participants to answer questions about their age, gender, and experiences working as an SLP. The next block contained most of the experimental portion, which investigated the participants' extent of implementing the roles and responsibilities and level of comfort implementing the roles and responsibilities as outlined by ASHA. Participants were asked to rate their comfort level in relation to how often they implement the roles and responsibilities. Questions in this block were directly taken from the defined roles and responsibilities of the SLP in schools from the 2010 ASHA document (e.g., working with populations at various school levels, serving a range of speech disorders, etc.). An operationally defined 5-point Likert scale was utilized in order to effectively capture participants' level of comfort related to time spent performing each role in the context of their current setting. The scale included a definition for each point as described:

0 - I don't do this because I am not comfortable implementing this role/responsibility.

1 - I do this infrequently with a great deal of difficulty. ("Infrequently" being less than 25% of the time in your current setting; "great deal of difficulty" indicating major issues with implementing this role/responsibility).

2 - I do this sometimes with some difficulty. ("Sometimes" being less than 50% of the time in your current setting; "some difficulty" indicating minor issues with implementing this role/responsibility).

3 - I do this frequently and with some difficulty ("Frequently" being more than 50% of the time in your current setting); "some difficulty" indicating minor issues with implementing this role/responsibility).

4 - I do this frequently and with confidence. ("Frequently" being more than 50% of the time in your current setting; "with confidence" means that although you may hit a snag you are sure of yourself in implementing this role/responsibility).

NA - I don't do this because it is not within the scope of my current position as defined by the entity for which I work.

The fourth block included follow-up questions related to the degree to which participants felt their career has evolved from an emphasis on speech to an emphasis on language/literacy, and whether they receive adequate support from their school administration and their district. A traditional 5-point Likert scale ranging from "0" being "strongly disagree" and "5" being "strongly agree" was utilized for this portion.

The fifth block included questions that related to the degree to which participants agreed that their university program prepared them for implementing the defined roles and

responsibilities (e.g., working across all levels, serving a range of disorders, etc.) with a traditional 5-point Likert scale.

The final block of the survey contained questions regarding the degree to which participants were willing to engage in professional learning with regards to the roles and responsibilities for which they felt least confident performing, utilizing the traditional 5-point Likert scale, with an option of “N/A, Not applicable – I am confident”, indicating that participants do not want professional learning in this area because they perceive themselves as having a high comfort level performing the specific role/responsibility.

Participant Recruitment

Participants were recruited through various methods. The researcher’s thesis advisor contacted various colleagues to distribute the survey to SLPs in school districts across the nation. The e-mail included a short description of the study and an anonymous link. Additionally, flyers were used to recruit participants at events where a large population of SLPs congregated, including the American Speech Hearing Association Convention in Boston in October, 2018. Participants were allowed to share the link with other SLPs and distribute it through social media, e-mail, or other methods.

Description of the Population

A total of 609 SLPs participated in this study, with 598 (98%) females and 8 (2%) males. Forty-five percent of these participants were between the ages of 45-64 ($n = 293$). This sample consisted of participants from 45 states, with the largest single contributions from Wisconsin ($n = 187$, 31%), North Carolina ($n = 121$, 20%), and Ohio ($n = 62$, 10%). The majority of this sample stated that they have a Master’s degree ($n = 588$, 97%), work full-time ($n = 555$, 91%), and mostly in public schools ($n = 551$, 91%). Only ten participants stated that they were currently

engaged in their CFY (Clinical Fellowship Year). The population(s) most frequently treated by the sample of SLPs in this study were students from preschool (age three) to 5th grade ($n = 147$, 24%)

The participants in this study were primarily employed by their school district ($n = 514$, 85%). Thirty-nine percent ($n = 241$) had stated that they have been working as an SLP in any setting for over 21 years. However, only twenty-eight percent ($n = 173$) stated that they have worked as an SLP in the schools for over 21 years.

With regards to caseload, most SLPs reported a caseload between 26-60 students ($n = 474$, 78%). Only two participants reported a caseload of over 100 students. The organizational approach used most by SLPs in this study was a combination of caseload and workload ($n = 301$, 50%). Ten percent ($n = 64$) of SLPs in this study stated that they had not read ASHA's professional issues statement on the roles and responsibilities of SLPs in schools, whereas seventy percent ($n = 428$) have said that they read the document prior to participating in the survey. (Note: a link to the document was provided to participants with the survey.)

A summary of this study's sample is included below:

Table 1. Participant Demographics

<u>Category</u>	<u>Frequency</u>	<u>Percentage</u>
<u>Gender, $n = 606$</u>		
Females	598	98.2%
Males	8	1.3%
<u>Age, $n = 607$</u>		
18-24	9	1.5%
25-34	133	21.8%
35-44	157	25.8%
45-64	293	48.1%
65+	17	2.8%
<u>State of Residence, $n = 606$</u>		

<u>Category</u>	<u>Frequency</u>	<u>Percentage</u>
AK	1	.2%
AZ	2	.3%
CA	15	2.5%
CO	1	.2%
CT	3	.5%
DE	1	.2%
FL	17	2.8%
GA	40	6.6%
HI	13	2.1%
ID	1	.2%
IL	7	1.1%
IN	2	.3%
LA	3	.5%
ME	1	.2%
MD	4	.7%
MA	8	1.3%
MI	8	1.3%
MN	3	.5%
MS	1	.2%
MO	2	.3%
NE	1	.2%
NV	36	5.9%
NH	2	.3%
NJ	4	.7%
NM	2	.3%
NY	7	1.1%
NC	121	19.9%
OH	62	10.2%
OK	2	.3%
OR	9	1.5%
PA	10	1.6%
RI	1	.2%
SC	4	.7%
TN	1	.2%
TX	7	1.1%
UT	2	.3%
VT	3	.5%
VA	3	.5%
WA	3	.5%
WI	187	30.7%
WY	1	.2%
<u>School Setting</u>, <i>n</i>= 609		
Public	551	90%
Private	8	1.3%
Charter	19	3.1%

<u>Category</u>	<u>Frequency</u>	<u>Percentage</u>
Public and Private	17	2.8%
Public and Charter	8	1.3%
Private and Charter	2	.3%
Public, Private, and Charter	1	.2%
<u>Degree Level, n= 609</u>		
Bachelor's	9	1.5%
Master's	588	96.6%
Doctorate	10	1.6%
<u>Full-Time vs. Part-Time, n= 609</u>		
Full-time	555	91.1%
Part-time	52	8.5%
<u>CFY, n=608</u>		
Yes	10	1.6%
No	598	98.2%
<u>Populations Served, n= 609</u>		
0-3 years old	2	.3%
3-5 years old	29	4.8%
K-5 th grade	101	16.6%
6-8 th grade	21	3.4%
9-12 th grade	25	4.1%
0-3, 3-5	6	.1%
0-3, K-5	1	.2%
0-3, 3-5, K-5	9	1.5%
0-3, 3-5, 6-8	1	.2%
0-3, 6-8, 9-12	1	.2%
0-3, 3-5, K-5, 6-8	3	.5%
0-3, K-5, 6-8, 9-12	1	.2%
3-5, K-5	147	24.1%
3-5, 6-8	3	.5%
3-5, 9-12	2	.3%
3-5, K-5, 6-8	58	9.5%
3-5, K-5, 9-12	2	.3%
3-5, K-5, 6-8, 9-12	61	10%
K-5, 6-8	36	5.9%
K-5, 9-12	6	1%
K-5, 6-8, 9-12	36	5.9%
6-8, 9-12	20	3.3%
All age ranges	15	2.5%
<u>Employment Contact, n= 609</u>		
School District	514	84.4%
Individual School	9	1.5%
Contract Agency	40	6.6%
State	16	2.6%
Other	30	4.9%

<u>Category</u>	<u>Frequency</u>	<u>Percentage</u>
<u>Years Working as an SLP in Any Setting, n= 606</u>		
0-4 years	72	11.8%
5-10 years	113	18.6%
11-15 years	87	14.3%
16-20 years	93	15.3%
21+ years	241	39.6%
<u>Years Working as an SLP in Schools, n= 607</u>		
0-4 years	95	15.6%
5-10 years	125	20.5%
11-15 years	95	15.6%
16-20 years	119	19.5%
21+ years	173	28.4%
<u>Caseload Size, n=608</u>		
0-25	49	8%
26-40	202	33.2%
41-60	272	44.7%
61-80	74	12.2%
81-100	9	1.5%
100+	2	.3%
<u>Organizational Approach, n=604</u>		
Caseload	252	41.4%
Workload	51	8.4%
Caseload + Workload	301	49.4%
<u>Read ASHA's Roles and Responsibilities of SLP in Schools, n=609</u>		
Yes	428	70.3%
No	64	10.5%
Unsure	117	19.2%

Setting

Due to the nature of surveys, the setting of this experiment was completely online via the University of Central Florida's survey-based platform, Qualtrics. No face-to-face interviews were conducted for this experiment. Participants were able to access the survey from any device that had access to Internet in the location of their choosing. The survey did not require a password or individualized link to access.

Data Gathering and Analyses

Data collected from this survey was anonymous. Qualtrics allowed the researcher to filter through complete survey responses and duplicated responses. The data were then exported into statistical analyses software for extrapolation. To analyze the data, IBM's SPSS statistical analysis (v. 1.0.0.1174) software was used.

Frequencies and descriptive statistics were employed to analyze the data. The frequency of responses was used to analyze participant data on the questions which used the operationally-defined scale. This was done to determine at which frequency and comfort level the majority of SLPs implemented a specific role or responsibility. Means and standard deviations were used to analyze questions regarding shift in focus, support from schools/districts, university program preparedness, and desire for more professional learning experiences.

CHAPTER FOUR: RESULTS

This chapter will report the results of participant responses. The purpose of this study was to determine, how comfortable SLPs in schools feel fulfilling their roles and responsibilities in relation to frequency of implementation, and whether they are interested in honing their skills through professional learning. Additional research question included whether SLPs in schools feel as though their roles had shifted in focus, whether they receive adequate institutional support, and whether they believe their university program prepared them well for practice.

Analysis: Research Question One

The first research question investigated how often the participating sample of SLPs implemented specific roles and responsibilities as outlined by ASHA (2010) vis a vis their comfort level with implementing them. Frequencies were used to measure the distribution of responses for which SLPs rated themselves with regards to comfort level. The scale used for this portion of the experiment related frequency of implementation to relative comfort level. Thirty-four questions about specific roles and responsibilities were included in this portion. These questions were separated into four separate blocks. The first block included nine questions related to the critical roles: working across all levels, serving a range of disorders, ensuring educational relevance, providing unique contributions to the curriculum, highlighting language/literacy, and providing culturally competent services. The results of this first block are summarized and discussed below:

Table 2. Roles and Responsibilities - Block One Results

Question	I don't do this because I am not comfortable implementing this role/ responsibility	I do this infrequently with a great deal of difficulty	I do this sometimes with some difficulty	I do this frequently and with some difficulty	I do this frequently and with confidence	I don't do this because it is not within the scope of my current position as defined by the entity for which I work
Working with populations at various school levels (e.g., Pre-K, elementary, middle, high school)	4 (0.65%)	6 (0.98%)	15 (2.45%)	73 (11.93%)	419 (68.46%)	95 (15.52%)
Serving a range of speech disorders (e.g., articulation, fluency, voice)	0 (0%)	3 (0.49%)	15 (2.45%)	127 (20.75%)	458 (74.84%)	9 (1.47%)
Serving a range of language disorders (e.g., processing/production, oral/written)	0 (0%)	6 (0.98%)	15 (2.45%)	158 (25.82%)	424 (69.28%)	9 (1.47%)
Serving a range of special populations (e.g., intellectual disabilities, autism spectrum disorder, AAC users)	0 (0%)	6 (0.98%)	40 (6.53%)	196 (31.97%)	362 (59.05%)	9 (1.47%)
Paying specific attention to the educational relevance of a student's disorder(s)	1 (0.16%)	0 (0%)	38 (6.21%)	143 (23.37%)	428 (69.93%)	2 (0.33%)
Providing a unique contribution as an SLP to a student's success with the curriculum	0 (0%)	12 (1.97%)	50 (8.2%)	192 (31.48%)	351 (57.54%)	5 (0.82%)
Emphasizing language and literacy in when working with students	3 (0.49%)	4 (0.65%)	42 (6.87%)	142 (23.24%)	414 (67.76%)	6 (0.98%)
Providing culturally competent services to ethnically diverse students with speech and language disorders	5 (0.82%)	24 (3.92%)	79 (12.89%)	166 (27.08%)	296 (48.29%)	43 (7.01%)
Providing culturally competent services to my English Learners (ELs) students with speech and language disorders	7 (1.15%)	40 (6.56%)	97 (15.9%)	169 (27.7%)	209 (34.26%)	88 (14.43%)
Total Responses	20	101	391	1366	3361	266

The results of this first block include the frequency of responses. Most responses for these nine questions were within the statements of “I do this frequently with some difficulty” (total of 1366 responses) and “I do this frequently with confidence” (total of 3361 responses). Some responses (266) did indicated that SLPs do not implement these roles/responsibilities at all,

while very few (20) stated that they do not perform these roles/responsibilities due to a lack of comfort.

The next block included 13 questions related to range of responsibilities: prevention, assessment, intervention, program design, data collection and analysis, and compliance. These questions focused on the prevention of academic failure in students, conducting assessments/evaluations with other professionals, providing evidence-based intervention, service-delivery models, configuration of delivery service, progress monitoring, engagement with teachers, understanding of federal mandates, Medicaid billing, and conducting overall program evaluation. The results are summarized and discussed below:

Table 3. Roles and Responsibilities - Block Two Results

Question	I don't do this because I am not comfortable implementing this role/responsibility	I do this infrequently with a great deal of difficulty	I do this sometimes with some difficulty	I do this frequently and with some difficulty	I do this frequently and with confidence	I don't do this because it is not within the scope of my current position as defined by the entity for which I work
Paying specific attention to preventing or ameliorating the academic failure of students	14 (2.3%)	24 (3.93%)	81 (13.28%)	201 (32.95%)	225 (36.89%)	65 (10.66%)
Conducting assessments evaluations in collaboration with others (e.g., psychologists, OTs/PTs, classroom teachers) to identify students with communication disorders	1 (0.16%)	6 (0.98%)	18 (2.95%)	48 (7.86%)	521 (85.27%)	17 (2.78%)
Conducting evaluations in collaboration with others (e.g., psychologists, OTs/PTs, classroom teachers) to inform instruction and intervention	2 (0.33%)	10 (1.63%)	26 (4.25%)	93 (15.2%)	455 (74.35%)	26 (4.25%)
Providing appropriate and evidence-based intervention for students of all age groups served	1 (0%)	2 (0.33%)	24 (3.92%)	190 (31.05%)	387 (63.24%)	9 (1.47%)
Employing service delivery models other than pull out	20 (3.28%)	56 (9.18%)	123 (20.16%)	178 (29.18%)	216 (35.41%)	17 (2.79%)
Employing in-classroom service delivery models	35 (5.75%)	78 (12.81%)	141 (23.15%)	156 (25.62%)	174 (28.57%)	25 (4.11%)

Question	I don't do this because I am not comfortable implementing this role/responsibility	I do this infrequently with a great deal of difficulty	I do this sometimes with some difficulty	I do this frequently and with some difficulty	I do this frequently and with confidence	I don't do this because it is not within the scope of my current position as defined by the entity for which I work
Configuring delivery of services in the least restrictive environment	5 (0.82%)	22 (3.61%)	95 (15.6%)	196 (32.18%)	281 (46.14%)	10 (1.64%)
Collecting progress data on individual students	0 (0%)	3 (0.49%)	21 (3.43%)	155 (25.33%)	431 (70.42%)	2 (0.33%)
Analyzing progress data on individual students	0 (0%)	2 (0.33%)	17 (2.78%)	114 (18.66%)	474 (77.58%)	4 (0.65%)
Engaging classroom teachers in progress monitoring of students with IEPs	21 (3.45%)	78 (12.81%)	142 (23.32%)	207 (33.99%)	141 (23.15%)	20 (3.28%)
Understanding federal and state mandates with regards to performing duties	2 (0.33%)	13 (2.12%)	46 (7.52%)	150 (24.51%)	393 (64.22%)	8 (1.31%)
Billing Medicaid for services	14 (2.29%)	6 (0.98%)	23 (3.76%)	125 (20.46%)	341 (55.81%)	102 (16.69%)
Conducting overall speech-language program evaluation	1 (0.16%)	5 (0.82%)	21 (3.44%)	89 (14.59%)	409 (67.05%)	85 (13.93%)
Total Responses	115	305	778	1902	4448	390

The frequencies reported in this section reflect a wider range of responses. For certain roles/responsibilities, the sample of SLPs varied in their ratings of frequency of implementation and comfort level. There were more responses in this section that indicated that participants did not implement a certain role/responsibility because they were not comfortable related to service-delivery models (5.75%), engagement with classroom teachers for progress monitoring (3.45%), and billing Medicaid (2.29%); however these only reflect small percentages compared to those who stated they perform these roles with some difficulty (29.18%, 33.99%, 20.46%, respectively) or with confidence (35.41%, 23.15%, 55.81%, respectively). It should be noted that more SLPs rated themselves having “some difficulty” (33.99%) with engagement with classroom teachers for progress monitoring compared to SLPs who stated they perform this role with confidence (23.15%).

The next block included five questions related to collaboration. These focused on collaboration through RTI/MTSS, with students, families, the community, and universities. The results of this section are summarized and discussed below:

Table 4. Roles and Responsibilities - Block Three Results

Question	I don't do this because I am not comfortable implementing this role/responsibility	I do this infrequently with a great deal of difficulty	I do this sometimes with some difficulty	I do this frequently and with some difficulty	I do this frequently and with confidence	I don't do this because it is not within the scope of my current position as defined by the entity for which I work
Working with RTI/MTSS (Response to Intervention/Multi-tiered System of Supports)	15 (2.46%)	26 (4.27%)	85 (13.96%)	139 (22.82%)	155 (25.45%)	189 (31.03%)
Collaborating with students to plan goals, implement intervention, monitor progress, and encourage self-advocacy	11 (1.81%)	39 (6.43%)	114 (18.78%)	127 (20.92%)	248 (40.86%)	68 (11.20%)
Collaborating with families on an ongoing basis to meet students' needs	5 (0.82%)	33 (5.43%)	92 (15.13%)	161 (26.48%)	312 (51.32%)	5 (0.82%)
Working with the community to promote understanding and quality implementation of speech-language services	68 (11.18%)	80 (13.16%)	118 (19.41%)	88 (14.47%)	97 (15.95%)	157 (25.82%)
Collaborating with university researchers to add to the knowledge base in the profession	97 (15.95%)	93 (15.3%)	69 (11.35%)	29 (4.77%)	53 (8.72%)	267 (43.91%)
Total Responses	196	271	478	544	865	686

A larger proportion of respondents stated that the roles included in this section were not within the scope of their current position, including working with RTI/MTSS, with the community, and with universities. Responses for working with the community and universities also included more SLPs stating they do not implement this role/responsibility because of a reduced comfort level. SLPs rated working with students and families as a role/responsibility they implement more frequently and with more confidence.

The last block included questions related to leadership. These questions focused on advocacy, supervision/mentorship, providing support, and conducting professional learning and action-based research. The results are summarized and discussed below:

Table 5. Roles and Responsibilities - Block Four Results

Question	I don't do this because I am not comfortable implementing this role/responsibility	I do this infrequently with a great deal of difficulty	I do this sometimes with some difficulty	I do this frequently and with some difficulty	I do this frequently and with confidence	I don't do this because it is not within the scope of my current position as defined by the entity for which I work.
Advocating for provision of appropriate services for students at my school(s)	7 (1.15%)	11 (1.81%)	50 (8.22%)	137 (22.53%)	384 (63.16%)	19 (3.13%)
Advocating for provision of appropriate services for students in my district)	26 (4.28%)	26 (4.28%)	76 (12.52%)	120 (19.77%)	270 (44.48%)	89 (14.66%)
Leading other colleagues to advocate for students	29 (4.78%)	31 (5.11%)	104 (17.13%)	136 (22.41%)	251 (41.35%)	56 (9.23%)
Providing supervision/mentorship of university students or neophyte SLPs	70 (11.69%)	27 (4.51%)	52 (8.68%)	44 (7.35%)	231 (38.56%)	175 (29.22%)
Providing support (e.g., resources) to parents with regards to their student's disorder(s)	2 (0.33%)	18 (2.97%)	67 (11.04%)	143 (23.56%)	374 (61.61%)	3 (0.49%)
Conducting (not attending) professional development for other educators	109 (18.05%)	68 (11.26%)	101 (16.72%)	54 (8.94%)	130 (21.52%)	142 (23.51%)
Conducting action-based research to generate evidence-based assessment and intervention practices	184 (30.41%)	60 (9.92%)	37 (6.12%)	43 (7.11%)	58 (9.59%)	233 (36.86%)
Total Responses	427	241	487	677	1698	707

Respondents in this section rated themselves as more comfortable with roles related to advocating for provision of services within the school and in the district, supervision/mentorship, and providing support to parents. Most of the respondents (39.85%) stated that they perform these roles/responsibilities with some issues or with confidence. It is worth noting that participants felt most comfortable with providing support to parents with regards to their student's disorder(s), with 61.61% of respondents stating they perform this role/responsibility

with confidence and less than 1% stating they do not perform this role/responsibility because they are not comfortable. However, conducting professional learning and action-based research saw a greater distribution of frequencies. SLPs stated they do not perform these roles either because they do not feel comfortable conducting professional learning or action based-research (18.05%, 30.14%, respectively) or because conducting professional learning or action based-research are not within the scope of their practice (23.51%, 36.86%, respectively).

Analysis: Research Question Two

The second research question investigated whether SLPs in school feels as though their scope of practice has shifted from of a focus on traditional speech-sound disorders to an emphasis on language and literacy. A five-point Likert scale was used for this section, with 1 being “strongly disagree” and 5 being “strongly agree”. The results indicated that 169 participants neither agreed nor disagreed with the statement, but that over 50% of participants did feel as though their career has shifted in focus ($M = 3.62$, $SD = 1.00$). A summary of individual responses is included below:

Table 6. Shift in Scope Results

Question	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Mean	Standard Deviation
My career has evolved from an emphasis on speech to an emphasis on language/literacy.	20 (3.28%)	57 (9.34%)	169 (27.70%)	250 (40.98%)	114 (18.69%)	3.62	1.00

Analysis: Research Question Three

The third research question asked SLPs to rate whether they believe they receive adequate support from their school and/or district to implement their roles and responsibilities. In general, 69% of participants agreed more with receiving adequate support from their school (M

= 3.72, $SD = 1.26$) compared to 61% of participants who stated they received adequate support from their district ($M = 3.48$, $SD = 1.31$). A summary of individual responses is included below:

Table 7. Support from Schools Results

Question	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Mean	Standard Deviation
I receive adequate support from my school administration (e.g., principal) to implement my roles and responsibilities.	43 (7.04%)	94 (15.38%)	55 (9.00%)	221 (36.17%)	198 (32.41%)	3.72	1.26
I receive adequate support from my school district/county administrators to implement my roles and responsibilities.	61 (9.98%)	112 (18.33%)	63 (10.31%)	225 (36.82%)	150 (24.55%)	3.48	1.31

Analysis: Research Question Four

The fourth research question investigated whether respondents felt as though their university program prepared them well for practice in the school setting. This question individually addressed all roles and responsibilities by ASHA (2010) and utilized a 5-point Likert scale with 1 being “strongly disagree” and 5 being “strongly agree”. The results are summarized below:

Table 8. University Program Preparedness Results

Question	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly Agree	Mean	Standard Deviation
Working across all levels	20 (3.27%)	129 (21.12%)	67 (10.97%)	306 (50.08%)	89 (14.57%)	3.50	1.26
Serving a range of disorders	8 (1.31%)	92 (15.06%)	42 (6.87%)	351 (57.44%)	118 (19.31%)	3.78	1.12
Ensuring educational relevance	21 (3.44%)	183 (29.95%)	114 (18.66%)	224 (36.67%)	69 (11.29%)	3.22	1.31
Providing unique contributions to curriculum	29 (4.74%)	226 (36.99%)	128 (20.94%)	175 (28.64%)	53 (8.67%)	2.99	1.36
Highlighting language/literacy	30 (4.90%)	170 (27.82%)	101 (16.52%)	230 (37.64%)	80 (13.09%)	3.20	1.38

Question	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly Agree	Mean	Standard Deviation
Providing culturally competent services	29 (4.74%)	181 (29.62%)	102 (16.69%)	215 (35.19%)	84 (13.75%)	3.23	1.41
Prevention	5 (0.81%)	191 (31.26%)	158 (25.86%)	198 (32.40%)	37 (6.05%)	3.00	1.31
Assessment	17 (2.78%)	20 (3.27%)	22 (3.60%)	332 (54.34%)	233 (38.13%)	4.28	.43
Intervention	11 (1.80%)	62 (10.15%)	52 (8.51%)	325 (53.19%)	162 (26.51%)	3.92	1.08
Program design	30 (4.90%)	151 (24.71%)	170 (27.82%)	218 (35.68%)	58 (9.49%)	3.16	1.21
Data collection and analysis	14 (2.29%)	108 (17.68%)	68 (11.13%)	293 (47.95%)	132 (21.60%)	3.70	1.18
Compliance	11 (1.80%)	104 (17.02%)	107 (17.51%)	269 (44.02%)	114 (18.66%)	3.57	1.26
Collaboration with other professionals	18 (2.95%)	142 (23.24%)	129 (21.11%)	253 (41.41%)	69 (11.29%)	3.35	1.27
Collaboration with universities	52 (8.51%)	255 (41.73%)	173 (28.31%)	111 (18.12%)	19 (3.11%)	2.65	1.32
Collaboration within the community	40 (6.55%)	231 (37.81%)	180 (29.46%)	137 (22.42%)	23 (3.76%)	2.79	1.29
Collaboration with families	7 (1.15%)	74 (12.11%)	74 (12.11%)	360 (58.99%)	95 (15.55%)	3.75	1.04
Collaboration with students	9 (1.47%)	97 (15.88%)	106 (17.35%)	303 (49.60%)	94 (15.38%)	3.60	1.12
Advocacy	18 (2.94%)	138 (22.59%)	146 (23.90%)	252 (41.24%)	56 (9.17%)	3.31	1.24
Supervision and mentorship	30 (4.90%)	169 (27.66%)	168 (27.50%)	191 (31.26%)	52 (8.51%)	3.10	1.32
Professional development	14 (2.29%)	100 (16.37%)	135 (22.09%)	275 (45.01%)	85 (13.91%)	3.51	1.20
Parent training	12 (1.96%)	156 (25.53%)	134 (21.93%)	258 (42.23%)	49 (8.02%)	3.29	1.20
Research	42 (6.87%)	166 (27.17%)	139 (22.75%)	198 (32.41%)	65 (10.64%)	3.12	1.42

According to the results, participants stated that they felt their university program prepared them well most for assessment ($M = 4.28$, $SD = .43$), intervention ($M = 3.92$, $SD = 1.01$), and collaboration with families ($M = 3.75$, $SD = 1.04$). The roles/responsibilities they felt the least prepared for were collaboration with universities ($M = 2.65$, $SD = 1.32$), collaboration with the community ($M = 2.79$, $SD = 1.29$), and providing unique contributions to the curriculum ($M = 2.99$, $SD = 1.36$). With regards to other types of collaboration, 52.70% of participants stated they agreed that their university program prepared them well for collaboration with other professionals.

Analysis: Research Question Five

The last research question investigated whether SLPs would want to engage in professional learning experiences to hone the skills they do not perform often due to a decreased level of comfort. (Note: The term “professional learning” the more currently used nomenclature in education is used throughout this document; however, it should be noted that the ASHA 2010 document used the older term “professional development”). This question was similarly broken down into the twenty-two separate areas addressed by ASHA (2010). A 5-point Likert scale with 1 being “strongly disagree” and 5 being “strongly agree” was used to collect responses. This scale also included an option for “not applicable – I am confident”. The results are summarized and discussed below:

Table 9. Professional Learning Results

Question	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly Agree	Not applicable – I am confident	Mean	Standard Deviation
Working across all levels	5 (.82%)	12 (2.80%)	51 (8.39%)	129 (21.22%)	232 (38.16%)	174 (28.62%)	3.40	1.31
Serving a range of disorders	3 (0.49%)	10 (1.64%)	33 (5.43%)	105 (17.27%)	293 (48.19%)	164 (26.97%)	3.68	1.22
Ensuring educational relevance	4 (0.66%)	18 (2.97%)	36 (5.93%)	135 (22.24%)	306 (50.41%)	108 (17.79%)	3.02	1.44
Providing unique contributions to curriculum	7 (1.15%)	18 (2.97%)	48 (7.89%)	159 (26.15%)	312 (51.32%)	64 (10.53%)	2.68	1.53
Highlighting language/literacy	5 (.82%)	14 (2.30%)	35 (5.74%)	122 (20.00%)	319 (52.30%)	115 (18.85%)	3.06	1.47
Providing culturally competent services	5 (.82%)	23 (3.77%)	50 (8.20%)	150 (24.59%)	286 (46.89%)	96 (15.74%)	2.98	1.55
Prevention	5 (.82%)	17 (2.81%)	61 (10.07%)	167 (27.56%)	274 (45.21%)	82 (13.53%)	2.75	1.47
Assessment	6 (.99%)	14 (2.30%)	44 (7.25%)	106 (17.43%)	232 (38.16%)	206 (33.88%)	4.24	.81
Intervention	5 (.82%)	3 (0.49%)	35 (5.75%)	111 (18.26%)	306 (50.33%)	148 (24.34%)	3.87	1.10
Program design	6 (.99%)	14 (2.31%)	57 (9.39%)	145 (23.89%)	303 (49.92%)	82 (13.51%)	3.06	1.35
Data collection and analysis	7 (1.15%)	15 (2.47%)	44 (7.24%)	116 (19.08%)	265 (43.59%)	161 (26.48%)	3.62	1.23
Compliance	9 (1.49%)	22 (3.64%)	63 (10.41%)	127 (20.99%)	216 (35.70%)	168 (27.77%)	3.44	1.37

Question	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly Agree	Not applicable – I am confident	Mean	Standard Deviation
Collaboration with other professionals	3 (0.49%)	13 (2.13%)	47 (7.72%)	129 (21.18%)	223 (36.62%)	194 (31.86%)	3.15	1.41
Collaboration with universities	15 (2.46%)	45 (7.39%)	115 (18.88%)	169 (27.75%)	221 (36.29%)	44 (7.22%)	2.19	1.51
Collaboration within the community	6 (0.99%)	28 (4.58%)	81 (13.26%)	195 (31.91%)	239 (39.21%)	62 (10.15%)	2.44	1.45
Collaboration with families	3 (0.49%)	4 (0.66%)	39 (6.41%)	141 (23.19%)	263 (43.26%)	159 (25.99%)	3.67	1.13
Collaboration with students	2 (0.33%)	11 (1.81%)	55 (9.05%)	126 (20.72%)	237 (38.98%)	177 (29.11%)	3.52	1.21
Advocacy	5 (.83%)	25 (4.13%)	72 (11.90%)	156 (25.79%)	235 (38.84%)	112 (18.51%)	3.11	1.38
Supervision and mentorship	10 (1.65%)	28 (4.63%)	79 (13.06%)	141 (23.31%)	228 (37.68%)	119 (19.67%)	2.85	1.46
Professional development	8 (1.32%)	14 (2.31%)	69 (11.39%)	143 (23.60%)	259 (42.74%)	112 (18.65%)	3.37	1.32
Parent training	4 (0.66%)	11 (1.82%)	43 (7.10%)	166 (27.39%)	272 (44.88%)	110 (18.15%)	3.10	1.36
Research	34 (5.63%)	55 (9.11%)	115 (19.04%)	150 (24.83%)	205 (33.94%)	45 (7.45%)	2.88	1.51

These results show that SLPs in schools generally agreed to participate in professional learning for areas in which they feel they need improvement. Participants stated that the roles/responsibilities they desired the most professional learning were assessment ($M = 4.24$, $SD = .81$), intervention ($M = 3.84$, $SD = 1.10$), and collaboration with family ($M = 3.62$, $SD = 1.13$). The areas for which the least professional learning was desired were collaboration with universities ($M = 2.19$, $SD = 1.51$), collaboration with the community ($M = 2.44$, $SD = 1.45$), and providing unique contributions to the curriculum ($M = 2.68$, $SD = 1.53$).

Some participants indicated that they do not wish to receive further professional learning for the listed roles/responsibilities. Despite assessment being an area participants desired more professional learning, 33.88% participants stated that they are comfortable with this role stated father professional learning is not applicable for this role. and do not believe they need further education. Other areas participants felt less willing to engage in professional learning for

collaboration with other professionals (31.86%), collaboration with students (29.11%), and working across all levels (28.62%).

Summary

Frequency of responses was used to determine participant responses for research question one. The results of for this research question varied depending on the block and type of roles or responsibilities addressed. For example, block one included questions about the critical roles required by SLPs in schools to fulfill. Therefore, in this section, very few participants indicated that they not perform these roles because they are not comfortable in doing so. Other blocks saw greater variation between responses, including the blocks related to the range of responsibilities, collaboration, and leadership. In block two related to the range of responsibilities, responses varied to include indications of less implementation due to greater difficulty, or lack of implementation due to decreased comfort or applicability within their current setting. However, blocks three (collaboration) and four (leadership) saw the greatest number of participants stating they do not implement these roles/responsibilities due to a lack of comfort when compared to other blocks. These includes roles centered on collaboration and leadership.

For the other questions, descriptive statistics were used to analyze responses. Overall, over 50% of SLPs agreed that their career has shifted in focus, and over 50% agreed that they received adequate support from their school and/or district, with a greater portion stating that they received more support from their school when compared to their district.

Lastly, SLPs tended to agree that their university program prepared them well for clinical practice. The results indicated that the role/responsibility that SLPs stated they felt their university program prepared them for the most was assessment ($M = 4.28$, $SD = .43$), and the role they felt the least prepared for was collaboration with universities ($M = 2.65$, $SD = 1.32$).

SLPs also tended to desire more professional learning for the delineated roles/responsibilities.

The area for which professional learning was most desired was serving a range of disorders ($M = 4.92$, $SD = .94$) and the area for which the least professional learning was desired was research ($M = 3.95$, $SD = 1.30$).

CHAPTER FIVE: DISCUSSION

This chapter will discuss an interpretation of the results for each research question in the context of potential limitations. Additionally, this chapter will provide suggestions for future research.

Implications

Research Question One

The results from participant responses for research question one varied depending on the block series addressed. For example, block one addressed the critical roles that are defined as “integral roles in education” (ASHA, 2010). SLPs might have reported higher comfort levels with these roles/responsibilities as they are cornerstones of effective and efficient clinical practice. However, other blocks addressed areas that may not reflect necessary roles/responsibilities for SLPs in certain settings or for other reasons, as it is reasonable to expect that not every educational setting will demand the implementation of every role/responsibility. For example, over 10% of SLPs stated that they do not pay attention to ways to prevent academic failure of their students, bill Medicaid, conduct overall program evaluation, or participate in RTI/MTSS. Additionally, other roles/responsibilities related to collaboration with communities, universities, and students, advocacy for provision of services, supervision/mentorship of neophyte SLPs, conduction of professional learning and action-based research were rated as areas not within the scope of practice. These responses may be reasonable, as it can be assumed that not every role/responsibility listed reflect aspects of every SLP’s scope in their various settings, resulting in some SLPs stating they do not perform these roles/responsibilities at all. However, further research is warranted, as there are other potential reasons that may influence SLPs stating they do not perform these roles/responsibilities due to a lack of need over a lack of comfort.

For some of the same roles/responsibilities, SLPs rated they do not perform them because of a lack of comfort. These included collaboration with the community and universities, supervision/mentorship, conducting professional learning, and conducting action-based research. It is to be noted that these roles/responsibilities fall under the categories of collaboration and leadership, two areas that are meant to promote partnership between SLPs and other school professionals and ensure appropriate delivery and development of services, respectively. This decreased level of comfort/implementation may reflect a larger uncertainty with the development of relationships with practitioners outside of the school setting. Furthermore, SLPs might not feel comfortable with the aspects of supervision/mentorship and conducting professional learning and action-based research due to a lack of experience or understanding of the specific role/responsibility. Although very few respondents stated they were in their CFY, these SLPs may not supervise/mentor new SLPs, and other inexperienced SLPs may not possess the perceived competency or confidence to provide mentorship to a neophyte. This inexperience and/or lack of comfortability extends to conducting professional learning and action-based research, as these two areas require further education dependent on expertise. Therefore, the roles and responsibilities that SLPs stated they do not perform due to a lack of comfort are reflective of areas that require the ability to include, engage, and ultimately teach other professionals or members of the community about communication.

Prior to discussing the overall implication of the results of this section, it is important to note a limitation. The scale used to collect participant responses in this section was operationally-defined by the researcher. During the data collection process, an issue with the scale was highlighted and discussed as potentially impacting the interpretation of these results. The scale included frequency of implementation with regards to comfort level; however, it did

not include an option for infrequent implementation but comfortability with the role. In other words, the participants did not have an option for stating that they currently implement a specific role/responsibility infrequently, but that they are otherwise comfortable with the requirements of that role/responsibility. Therefore, the responses on this section, especially with regards to those who stated they do not implement a role/responsibility at all might include infrequent implementation with comfort. Additionally, a potential limitation exists for the roles/responsibilities in which SLPs rated themselves less comfortable. At face value, these responses may reflect roles/responsibilities that the SLP does not perform efficiently or effectively due to a lack of comfort. Other determining factors may have influenced a participants' perception of their own comfort level, such as age, years of experience, setting, or others. For example, a younger, less experienced SLP may not report high levels of comfort with conducting professional learning when compared to veteran colleagues.

Overall, the general rate of responses of SLPs in this study indicated a high level of comfortability for most of the roles and responsibilities delineated by ASHA either with "some" difficulty or with total confidence despite the limitations discussed. This is promising, as SLPs have a broad scope of practice that encompasses various areas. It may be overwhelming for SLPs, particularly in schools, to be proficient in all areas. With this high level of comfortability, it is possible that SLPs in schools have above average job performance rates, as the literature has shown that comfort level with regards to occupational roles has been positively correlated to job performance (Tzeng, 2004). This relationship between comfort level and job performance could ultimately impact the performance of their students, as a confident, effective, and efficient SLP is the most desirable conduit for enriching a student to possess all of the same qualities. However,

further research would be needed to determine the relationship between comfort level and job performance among SLPs.

Research Question Two

As discussed, the creation of the 2010 Professional Issues Statement and the inclusion of literacy-related research related to academic achievement into speech-language pathology indicated a shift in focus for the field (Harrison, McLeod, Berthelsen, & Walker, 2009; ASHA, 2010; Staskowski, 2012). According to the results of this study, 60% of participants agreed with the statement that their career has shifted focus from traditional speech-sound disorders to one of language/literacy. It is unclear as to whether the other 40% did not indicate this same agreement due to factors such as length of time actively practicing or age. The implications of this perception have a direct influence on SLPs' practice and their perceived comfort with, most specifically, the critical role of highlighting language/literacy. Of the sample, 556 (90%) and 582 (95%) participants stated that they implement the role/responsibility of highlighting language/literacy and serving a range of language disorders, respectively, with "some" or no difficulty. This did not come at the detriment of being able to serve a range of speech-sound disorders as 585 (95%) participants rated themselves as having "some" or no difficulty implementing this role/responsibility. Therefore, it is possible that despite the perception of this shift, SLPs provide efficient and effective intervention in both areas.

Research Question Three

The third research question addressed the perceived support from schools and or districts. The current literature includes investigations into the relationship between perceived institutional support and job performance in other areas (i.e., teachers) (Tickle, Chang, & Kim, 2010). This study aimed to provide information regarding how SLPs feel about the support they receive from

their own institutions. Although over 50% of respondents stated they receive adequate support from their institutions, more participants stated that their schools provided them with more support as compared to their districts/counties. This may be due to the differing relationships between SLPs and the professionals (i.e., school principal vs. district administrators/supervisors) and the organization of each setting. A higher percentage of participants were also more comfortable advocating for provision of services from their school (85%) compared to advocating for provision of services for their district (64%). The implication of these results suggests that SLPs are more comfortable with asking their own school for resources, and therefore perceive more support at this level. This may also suggest a different relationship, one that indicates a lack of support from the district may be due to the decreased comfort level exhibited by SLPs in advocating for provision of resources at this level.

Responses may have also depended on who hired the SLP – either the school or the district, and where they receive the most financial support for resources such as professional learning. It may be plausible to assume that SLPs perceive receiving more support from their schools because they provide the closest resources, and district support is further removed. However, this study did not investigate any correlational relationships with these statements and therefore, interpretation should be guarded. Improvement in comfort levels for these roles/responsibilities could be justified, particularly for advocating for resources at the district level. However, SLPs have a generally positive view of support from their schools and districts in general, indicating the provision of adequate resources.

Research Question Four

Results from research question four investigated perceptions of how well university programs prepared participants for implementing the roles and responsibilities of SLPs in

schools. SLPs are required to obtain either a Bachelor's or Master's degree in order to practice, with a Master's degree being a requirement for most states to work in the school setting. In some states for SLPs who have a Bachelor's degree, they are only allowed to practice for a certain number of years prior to having to obtaining a Master's degree. In this study, only nine participants reported currently holding a Bachelor's degree. Therefore, the interpretation of results for this section are viewed with the perception of an SLP who currently holds a Master's degree and completed graduate coursework.

In general, SLPs agreed that their university program prepared them well. This was especially true of assessment, intervention, and collaboration with families. Additionally, over 50% of participants stated they felt prepared for collaboration with other professionals. However, SLPs did note that they felt less prepared for collaboration with universities and the community and uniquely contributing to the curriculum. The lack of perceived preparedness for these areas may be due to a myriad of factors, including but not limited to exposure to opportunities, lack of classroom-based instruction on these areas, and limitations of the program. These are important areas for SLPs to consider, as collaboration is integral to the practice of speech-language pathology. It is within the scope of the SLP to identify any limitations that may impede efficient collaboration and establish effective means of integrated practice with students, families, and colleagues to ensure efficient delivery of services.

Despite the general agreement on the statements of university preparedness, ASHA (2010) includes a factor related to professional preparation which discusses the need for SLPs to be "fully prepared to meet the needs of the diverse student body [as] they will be called upon to serve [a myriad of roles and responsibilities]". Therefore, it is prudent that university programs across the nation keep abreast of the areas that SLPs feel less prepared for post-graduation to

improve or augment coursework to reflect the roles/responsibilities needing improvement. However, it is not reasonable to expect that graduate programs create curricula that effectively capture the entirety of an SLP's practice, especially for the more sophisticated skillset needed for collaboration and leadership. Therefore, this further supports the need for cultivating more comprehensive and relevant continuing education for topics that may not be covered in a graduate program. A suggestion for collecting useful information to promote this includes implementing a post-graduation survey sent to all actively practicing SLPs regarding the perceptions of their current practice and areas of potential needs.

Research Question Five

Ultimately, the aim of this study was to obtain information about the comfort level of SLPs with regards to their roles and responsibilities and whether there is a need for more professional learning with regards to these areas. ASHA requires that for SLPs to maintain their clinical credentials, they must accumulate 30 hours of continuing education units every three years in areas that are related to speech-language pathology, audiology, and other speech/language/hearing sciences. This is an aspect of "lifelong learning" indicated by ASHA as justification for SLPs to sharpen their skillset and remain active practitioners (ASHA, 2010). The questions included in this section asked participants to state whether they desired further professional learning for roles/responsibilities they may have rated themselves as less comfortable fulfilling.

According to the results, SLPs desired further professional learning for were assessment, intervention, and collaboration with families. It is of interest to note that both assessment and intervention were the areas for which SLPs perceived themselves as well prepared for by their university program; however, these were the areas that SLPs required more professional

learning. Furthermore, the areas for which SLPs desired the least professional learning included collaboration with universities, collaboration with the community, and providing unique contributions to the curriculum despite being areas that SLPs felt less prepared for by their university program. Collaboration with universities and the community were also by participants as roles/responsibilities they do not fulfill often due to a decreased comfort level.

The misalignment between areas of comfort, university preparedness, and desire for more professional learning may be due to a myriad of factors. For one, the answers provided by participants may not reflect the question presented (i.e., which areas do you desire further improvement?) potentially due to misinterpretation. It may also be that SLPs want to further expand on skills that they are more comfortable with and may shy away from furthering their education in areas they do not think they will utilize often or do not have a higher baseline of comfort. However, for certain roles, such as providing unique contributions to the curriculum, it is possible that SLPs do not desire more professional learning because they do not understand the purpose of the role. For others, such as collaboration with universities/community, it may be that SLPs do not perceive these areas as important, and therefore do not wish to improve in these areas.

To assist in the cultivation of continuing education that better reflects the needs of current SLPs, a suggestion would be to encourage recurrent self-reflection through the use of surveys, workshops, or other tactics. This self-reflection would allow SLPs to address their current strengths and weaknesses, and the skillsets required by their current setting. This practice would benefit SLPs by providing them guidance on how to utilize their time efficiently in selecting CEUs and participating in professional learning. This would also help combat the practice of

selecting CEU offerings merely to fulfill ASHA CEU hour requirements; it is the responsibility of SLPs to select CEUs for their clinical improvement, and not just for maintaining their license.

In summary, the SLPs in this study overall agreed with desiring more professional learning in all areas. This provides justification for the creation of continuing education in these content areas relating to the specific roles and responsibilities expected by SLPs in schools to fulfill.

Future Research

The results of this study provide previously uninvestigated information regarding the perceptions of school SLPs' ability to fulfill their roles and responsibilities. However, there were limitations to this study due to the nature of survey research, the operationally-defined scales, and the assumptions made by the researcher. Therefore, future research is warranted to further investigate the ways in which current SLPs can help shape or inform pre-service or in-service education.

Future researchers must keep in mind that SLPs should remain steps ahead of their field, with the embrace of shifting focus, improved research, and changing federal or local mandates in order to remain effective and efficient practitioners. This is a cornerstone of the field of speech-language pathology despite the setting. Although a background of clinical coursework, practica and continuing education are required by SLPs to obtain and maintain their license, it is the responsibility of current SLPs, educators, and researchers to understand the current landscape of practicing SLPs and the areas in which they need improvement. This can be done through additional survey-based, experimental, or qualitative research. Additionally, further research must continue to consider the ever-changing scope of speech-language pathology and take into consideration the expansive toolkit SLPs must always carry with them. To ensure the induction

of more competent, confident, and consistent SLPs, researchers must investigate all the ways in which they can be better prepared and nurtured at every level of their career.

APPENDIX A: ROLES AND RESPONSIBILITIES SURVEY

R&R V3

Start of Block: Informed Consent

Q1 Please read this page before you begin.



EXPLANATION OF RESEARCH

Title of Project: Implementation of Roles and Responsibilities of Speech-Language Pathologists Working in Schools

Principal Investigator: Tamar Nir, B.S.

Other Investigators: Dr. Jacqueline Towson, Ph.D., Dr. Valerie Sims, Ph.D.

Faculty Supervisor: Dr. Barbara Ehren, Ed.D.

You are being invited to take part in a research study. Whether you take part is up to you.

- The primary purpose of this study is to investigate the implementation of the roles and responsibilities of speech-language pathologists (SLPs) in schools, as delineated by the American Speech-Hearing Association (2010). The information collected in this study will be used to inform the curriculum of professional preparation programs and continuing education developers.
- You will be asked to participate in a survey and answer a series of questions related to your roles and responsibilities as an SLP practicing in schools. You will be asked whether you feel comfortable implementing these roles and responsibilities, whether your university program prepared you to implement these roles and responsibilities, whether you receive support in your school setting, and whether are willing to engage in professional development with regards to the roles and responsibilities.
- The results from this study will be summarized and not attributed to any individual, school, or district. The researchers of this study will also not communicate personalized results to any individual, school, or district.
- The survey should take about 20 minutes.

You must be 18 years of age or older to take part in this research study.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints: Tamar Nir, Graduate Student, Communication Sciences and Disorders program, College of Health Professions and Sciences, (954) 376-1473 or Dr. Ehren, Faculty Supervisor, College of Health Professions and Sciences at (407) 823-2901 or by email at Barbara.ehren@ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been determined to be exempted from IRB review unless changes are made. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

Q3 Are you over 18?

☐ Yes

☐ No

Q4 Do you agree to take part in this study?

☐ Yes

☐ No

End of Block: Informed Consent

Start of Block: Demographics

Please answer the following questions.

Q5 What is your age?

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-64

☐ 65+

Q6 What is your gender?

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer
-

Q7 In what state do you currently live?

▼ Alabama ... Wyoming

Q8 What is your current degree level?

- ☐ Bachelor's
- ☐ Master's
- ☐ Doctorate
-

Q9 In what setting do you work? Select all that apply.

- ☐ Public school(s) (not charter)
- ☐ Private school(s)
- ☐ Charter school(s)
-

Q10 Do you currently work full-time or part-time?

☐ Full-time

☐ Part-time

Q11 With which populations do you currently work? Check all that apply.

☐

0-3 years

☐

3-5 years

☐

K-5th grade

☐

6th-8th grade

☐

9th-12th grade

☐

Other educational agencies

Q12 With whom is your employment contract?

- ☐ School district
 - ☐ Individual school
 - ☐ Contract agency
 - ☐ State
 - ☐ Other: _____
-

Q13 Are you currently engaged in your clinical fellowship year?

- ☐ Yes
 - ☐ No
-

Q14 How many years have you worked as an SLP in any setting?

- ☐ 0-4
 - ☐ 5-10
 - ☐ 11-15
 - ☐ 16-20
 - ☐ 21+
-

Q15 How many years have you worked as an SLP in the school setting?

- ☐ 0-4
 - ☐ 5-10
 - ☐ 11-15
 - ☐ 16-20
 - ☐ 21+
-

Q16 How large is your current caseload of students?

- ☐ 0-25
 - ☐ 26-40
 - ☐ 41-60
 - ☐ 61-80
 - ☐ 81-100
 - ☐ 100+
-

Q17 Which organizational approach do you use?

- ☐ Caseload - total number of students served through direct and/or indirect service delivery options
- ☐ Workload - all activities required and performed by SLPs such as: time spent providing face-to-face direct services, implementing best practices for school speech-language services, etc.
- ☐ Caseload and workload
-

Q18 Have you read ASHA's Roles and Responsibilities for School-Based Speech Language Pathologists (2010)?

- ☐ Yes
- ☐ No
- ☐ I am unsure

End of Block: Demographics

Start of Block: Roles and Responsibilities

The following questions will relate to ASHA's professional issues statement on the Roles and Responsibilities of SLPs in Schools (ASHA, 2010).

The link for the professional issues statement is provided: <https://www.asha.org/policy/PI2010-00317/>

The following link is also provided for a summary of the professional issues statement: <https://www.pdf.investintech.com/preview/a173bc5e-a252-11e8-b59b-0cc47a792c0a/index.html>

Please answer the following questions based on this 5-point scale : 0 - I don't do this because I am not comfortable implementing this role/responsibility.

1 - I do this infrequently with a great deal of difficulty. ("Infrequently" being less than 25% of the time in your current setting; "great deal of difficulty" indicating major issues with implementing this role/responsibility).

2 - I do this sometimes with some difficulty. ("Sometimes" being less than 50% of the time in your current setting; "some difficulty" indicating minor issues with implementing this role/responsibility).

3 - I do this frequently and with some difficulty ("Frequently" being more than 50% of the time in your current setting; "some difficulty" indicating minor issues with implementing this role/responsibility).

4 - I do this frequently and with confidence. ("Frequently" being more than 50% of the time in your

current setting; “with confidence” means that although you may hit a snag you are sure of yourself in implementing this role/responsibility).

NA - I don't do this because it is not within the scope of my current position as defined by the entity for which I work.

Q19

	I don't do this because I am not comfortable implementing this role/responsibility.	I do this infrequently with a great deal of difficulty.	I do this sometimes with some difficulty.	I do this frequently and with some difficulty.	I do this frequently and with confidence.	I don't do this because it is not within the scope of my current position as defined by the entity for which I work.
Working with populations at various school levels (e.g., Pre-K, elementary, middle, high school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serving a range of speech disorders (e.g., articulation, fluency, voice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serving a range of language disorders (e.g., processing/production, oral/written)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serving a range of special populations (e.g., intellectual disabilities, autism spectrum disorder, AAC users)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying specific attention to the educational relevance of a student's disorder(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing a unique contribution as an SLP to a student's success with the curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphasizing language and literacy in when working with students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Providing culturally competent services to ethnically diverse students with speech and language disorders



Providing culturally competent services to my English Learners (ELs) students with speech and language disorders



Page Break

Q20

	I don't do this because I am not comfortable implementing this role/responsibility.	I do this infrequently with a great deal of difficulty.	I do this sometimes with some difficulty.	I do this frequently and with some difficulty.	I do this frequently and with confidence.	I don't do this because it is not within the scope of my current position as defined by the entity for which I work.
Paying specific attention to preventing or ameliorating the academic failure of students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting assessments evaluations in collaboration with others (e.g., psychologists, OTs/PTs, classroom teachers) to identify students with communication disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting evaluations in collaboration with others (e.g., psychologists, OTs/PTs, classroom teachers) to inform instruction and intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Providing appropriate and evidence-based intervention for students of all age groups served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employing service delivery models other than pull out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employing in-classroom service delivery models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Configuring delivery of services in the least restrictive environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting progress data on individual students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing progress data on individual students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging classroom teachers in progress monitoring of students with IEPs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding federal and state mandates with regards to performing duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing Medicaid for services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Conducting
overall speech-
language
program
evaluation



Page Break

Q21

	I don't do this because I am not comfortable implementing this role/responsibility.	I do this infrequently with a great deal of difficulty.	I do this sometimes with some difficulty.	I do this frequently and with some difficulty.	I do this frequently and with confidence.	I don't do this because it is not within the scope of my current position as defined by the entity for which I work.
Working with RTI/MTSS (Response to Intervention/Multi-tiered System of Supports)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborating with students to plan goals, implement intervention, monitor progress, and encourage self-advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborating with families on an ongoing basis to meet students' needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with the community to promote understanding and quality implementation of speech-language services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborating with university researchers to add to the knowledge base in the profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q22

	I don't do this because I am not comfortable implementing this role/responsibility.	I do this infrequently with a great deal of difficulty.	I do this sometimes with some difficulty.	I do this frequently and with some difficulty.	I do this frequently and with confidence.	I don't do this because it is not within the scope of my current position as defined by the entity for which I work.
Advocating for provision of appropriate services for students at my school(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocating for provision of appropriate services for students in my district)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leading other colleagues to advocate for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing supervision/mentorship of university students or neophyte SLPs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing support (e.g., resources) to parents with regards to their student's disorder(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting (not attending) professional development for other educators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting action-based research to generate evidence-based assessment and intervention practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

End of Block: Roles and Responsibilities

Start of Block: Follow-up Questions

Please answer the following questions.

Q23

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My career has evolved from an emphasis on speech to an emphasis on language/literacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive adequate support from my school administration (e.g., principal) to implement my roles and responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive adequate support from my school district/county administrators to implement my roles and responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Follow-up Questions

Start of Block: Professional Development

Q24 Please answer the following questions.

My university preparation program prepared me well for implementing each of these roles/responsibilities...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Working across all levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serving a range of disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring educational relevance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing unique contributions to the curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Highlighting language/literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing culturally competent services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q25 Please answer the following questions.

My university preparation program prepared me well for implementing each of these roles/responsibilities...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program design	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data collection and analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q26 Please answer the following questions.

My university preparation program prepared me well for implementing each of these roles/responsibilities...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Collaboration with other school professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with universities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q27 Please answer the following questions.

My university preparation program prepared me well for implementing each of these roles/responsibilities...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision and mentorship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Professional Development

Start of Block: Professional Development Part 2

Q28 Please answer the following questions.

I would be willing to engage in professional development experiences in each of the role categories with which I am not confident, such as...

	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree	Not applicable - I am confident
Working across all levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serving a range of disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring educational relevance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing unique contributions to the curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Highlighting language/literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing culturally competent services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q29 Please answer the following questions.

I would be willing to engage in professional development experiences in each of the role categories with which I am not confident, such as...

	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree	Not applicable - I am confident
Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program design	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data collection and analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q30 Please answer the following questions.

I would be willing to engage in professional development experiences in each of the role categories with which I am not confident, such as...

	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree	Not applicable - I am confident
Collaboration with other school professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with universities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q31 Please answer the following questions.

I would be willing to engage in professional development experiences in each of the role categories with which I am not confident, such as...

	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree	Not applicable - I am confident
Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision and mentorship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Professional Development Part 2

Start of Block: Thank you

You have reached the end of this survey. Thank you for your participation.

End of Block: Thank you

APPENDIX B: INFORMED CONSENT



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Determination of Exempt Human Research

From: **UCF Institutional Review Board #1
FWA00000351, IRB00001138**

To: **Tamar Nir and Co-PI: Barbara J. Ehren**

Date: **October 10, 2018**

Dear Researcher:

On 10/10/2018, the IRB reviewed the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Project Title: Implementation of roles and responsibilities of speech-language pathologists working in schools
Investigator: Tamar Nir
IRB Number: SBE-18-14391
Funding Agency:
Grant Title:
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

This letter is signed by:

A handwritten signature in black ink, appearing to read "J. Jacques".

Signature applied by Jessica Jacques on 10/10/2018 10:42:30 AM EDT

Designated Reviewer

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